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EDITORIAL NOTES.

The Appellate Court, when it so gratuitously and intelligently reversed the decision of the Supreme Court in the case *ex parte* Gerino, and **NEEDLESS** in the Arwine case, stated that our **ANXIETY** medical practice act was unconstitutional, not only did a rather stupid thing, but also made a lot of trouble for the secretary of the State Society. Of course, the Board of Examiners promptly appealed the Arwine case to the Supreme Court, and, equally of course, the Supreme Court as promptly reversed the Appellate Court and sent the case back for a rehearing. What new foolishness the Appellate Court may subsequently be guilty of, no man can say; for any judicial body that will go out of its way to display its ignorance by calmly reversing a decision of the Supreme Court, may be expected to commit almost any edifying "stunt" in mental gymnastics. We thought that this had been fully explained in the December *JOURNAL*, but apparently many of our members are too busy to read their *JOURNAL* carefully, and, having heard of the first decision of the Appellate Court, and not of its subsequent upsetting, they have the mistaken impression that our medical law has been declared unconstitutional. This is most emphatically not the case. The fundamental points in the law were fully sustained by the Supreme Court in the now celebrated case, *ex parte* Gerino. In that decision the Supreme Court held that the Legislature has the right to delegate its appointing power and that it was constitutional for the Legislature to instruct the State medical organizations to appoint or elect the persons who should serve on the Board

of Medical Examiners and carry out the police provisions of the law. In the same decision the Court also held that the Legislature could not intelligently fix the standards of requirement, as these were subject to natural change from time to time; the Association of American Medical Colleges, on the other hand, would be ever in touch with advances in medical science and could the more satisfactorily fix these standards of requirement. These two points are the fundamental points of the medical practice act—and they have already been declared constitutional by the Supreme Court. Therefore, do not worry about what the *Los Angeles Times*, or any other daily paper that attempts to know all about medicine and things medical, may print. Do not allow any one to alarm you by saying that our law is unconstitutional or that it may be declared so, for it has already been passed upon and its constitutionality sustained.

This is not the case, however, with the law passed in 1901 regulating the practice of osteopathy. That law has recently been declared **OSTEOPATHIC** unconstitutional. (*Superior* **PHYSICIANS.** Court, Los Angeles; W. P. James, J., Dec. 28, 1906.) The

law authorized the board to issue a certificate to any osteopath presenting a diploma from a college of osteopathy recognized by the Board of Examiners, but did not define *what qualifications a college should have in order to be so recognized*. The decision specifically states that not a single portion of the act is in question, but the entire act, and it is declared null and void. As a result of this, the osteopaths have applied to the Legislature now in session for a new law; in fact, at least two bills have been introduced up to the time of writing and we understand that a third is to be presented. Now this opens up a pretty wide field. It is a well-known fact that whatever the expressed intentions of the osteopath may be, when he is licensed to practice osteopathy he really begins to practice medicine. He dubs himself an osteopathic physician. A physician is one skilled in physic; in the administration of remedies. Furthermore, at least one of the osteopathic bills already introduced gives the practitioners of that cult the authority to sign death certificates, etc., and makes them come under the supervision of health boards, etc., the *same as any other school of medicine*! Two Attorneys-General of this State have filed opinions that an osteopath is not a practitioner of medicine, nor a physician. There was nothing, in the law which has just been declared unconstitutional, which required an applicant to practice osteopathy, to exhibit his knowledge or training or proficiency in osteopathy; he merely had to file a diploma from some college approved by the board. And yet it is claimed by all colleges of osteopathy that they teach the same fundamental branches as are taught by schools of medicine, and that they only differ in the matter of *materia medica* and the practice of osteopathy. If this is the case, why not have the same fundamental standards of educational

equipment for all? Why determine the extent of education in anatomy for a graduate of a medical school and fail to determine the same thing in the case of an osteopath who claims to have an equal and similar fundamental education? Let us read what *The Osteopath*, a journal of that sect published in Los Angeles, has to say on the subject in its issue for November-December, 1906:

"The applicant for a State certificate of qualifications to practice medicine in the State of California must take an examination in the following subjects: Anatomy, physiology, bacteriology, pathology, chemistry and toxicology, surgery, obstetrics, materia medica and therapeutics, theory and practice of medicine. The applicant for a certificate of qualification to practice osteopathy should properly be examined in all of the foregoing subjects except materia medica and theory and practice of medicine; in lieu of these, he should be examined in gynecology, physical diagnosis, and principles and practice of osteopathy. The present medical board is composed of regulars, homeopaths and eclectics. The applicant for a State certificate is examined by the mixed board on all subjects except materia medica and principles and practice of medicine. On these subjects he is examined by the representative of his particular system. In other words, in the branches of science common to all, one examination is conducted; in the special materia medica and theory and practice of it, the regular is examined by regulars, the homeopath by homeopaths and the eclectic by eclectics."

Now, let us consider the claims put forth by the osteopathic colleges as to the fundamental instruction given. Fortunately, the *Texas*

ANOTHER PHASE. *State Journal of Medicine* has compiled a list of the text books recommended by a number of schools, including regular, homeopath, eclectic and the American School of Osteopathy at Kirksville, Mo. In the list of text books recommended by the last mentioned institution, we find a total of 118 titles; of these 112 are written by members of the regular profession, and but six are by osteopathic authors. In the subject of "Practice," we find 38 titles listed, and of these but 4 authors are of the osteopathic school. Of the 34 books on practice written by regulars, we find such names of authors as Anders, Osler, Tyson, Eichhorst, Stelwagon, Hyde, Pusey, Dana, Barker, Fox, etc. Would it not appear from the text books used and the instruction alleged to be given, that the practice of osteopathy comes mighty near the practice of medicine? Then why have a separate and distinct board to license osteopaths? Why permit one board to license persons, without any demonstration of their fitness, to practice medicine under the name of osteopathy? Is the State safeguarding its people properly and fully if it says that any one to practice medicine as such must demonstrate his fitness, but that he may practice

medicine, under the cloak of osteopathy, without inquiring into his qualifications to do so? As we have already seen, in the paragraphs quoted from *The Osteopath*, even the members of that cult raise the question themselves. Granted that the given individual has had sufficient education in the fundamental branches of medical science (as taught in all medical schools, and which the osteopaths say they teach in their colleges), to pass an examination at the hands of a composite board, do you think he can do much harm, whether he gives big pills, or little pills, or no pills, or massages the spine? He certainly must have enough knowledge of anatomy and physiology and pathology to keep him from going farther astray than the average educated physician, and that is all that the State does or should require, and all that the courts hold should be demanded of him who treats the sick. Then, why not concentrate the police work of the State, so far as it deals with healing the sick, in the hands of one board? Do away with the examination in materia medica and therapeutics and principles and practice of medicine, and simply require every applicant of whatever school or pathy to take the same examination which the disciple of any other school is required to take. Is this not a rational and practical solution of the problem?

The State journal that does not give its active as well as its passive support to the work of the

Council on Pharmacy and Chemistry of the American Medical Association, is by implication

making its State medical organization a traitor to the American Medical Association and a deserter from the camp of its friends. It was the House of Delegates of the A. M. A. that established and made permanent the Council. It was done with the overwhelming approval of the delegates representing the State organizations, and those organizations must either support the work or repudiate it. For two consecutive years they have supported it in the House of Delegates of the A. M. A., and now they must either support it in their own home States or stand charged with hypocrisy and double dealing. If a publication, owned and controlled by a medical society which has gone on record as supporting the Council, persists in advertising the rank and worthless frauds which have been exposed by the Council, how can we reproach the published-for-profit journals, or even the *Medical Record* or the *New York Medical Journal*, for doing the same thing? And the work of the Council is all for the purpose of securing just one little thing—nothing more or less than simple truth and honesty on the part of the manufacturer who presents his wares for our consumption. Is that too much to ask? Just simple truth? Is there a medical society in the United States that would have the nerve to go on record as opposing the fight for truth and honesty? And yet a number of the organs of State medical organizations are tacitly opposing this work and this struggle for truth, by ignoring it. Last month the JOURNAL had a few words of criticism in regard to the policy

of the *New York State Journal of Medicine* and the manner in which its advertising pages tended to defeat the work of the Council and of the association. There are other State journals just as bad, or worse, and from time to time we may be tempted to have a heart-to-heart talk with the gentlemen who control them. Just at this time, however, we wish to call your attention to the list of remedies already approved by the Council, which you will find in the advertising pages. Take this page out and put it on your desk, where you can consult it, and try and see whether you can not successfully practice medicine with the remedies of the pharmacopeia and those new and nonofficial ones which have been approved by the Council. If a detail man comes to see you, look through the list and see whether his valuable preparation (they are all always "valuable preparations"!) has been approved by the Council. If it has not, tell him what you think about it—and him—and the "house."

The Legislature is, as you are doubtless painfully aware, now in session. There will be numerous

PUBLIC HEALTH LEGISLATION.

There will be numerous bills affecting public health matters introduced; indeed, quite a goodly number have been introduced at the time of writing. Some of these are good and should receive our support; some are bad and vicious and should be rejected. There will also be a number of bills relating to medical license and to the licensing of osteopaths, naturopaths, neuropaths, etc. All of these bills will be very carefully studied by our attorneys and by our Legislative Committee, and the secretary of the State Society will keep the component societies in touch with what is going on. Our profession has always occupied a too retiring attitude in regard to these matters of public health. We have a very considerable potential influence and it is high time we woke up and used it for the protection of the public in matters in which we have knowledge and they are ignorant. What layman, for instance, would realize the true nature of a bill like the naturopathy bill, which would license any form of quackery known? The bill reads most learnedly and is quite as high-sounding as though it were the real thing. Our legislators are busy men; they have not time to study each and every proposed law that comes before their attention, least of all many of these public health measures, the real importance of which is often not on the surface nor in the title. It is our plain, simple duty to advise them of what these things mean. It is the duty of each county society to take up these questions energetically and to instruct the legislators from its section as to the right and the wrong of bills of this class. No one of us can do much alone; nor can we do much unless we work together; at times each giving way somewhat to the views of the great majority. Elsewhere in this issue, we print a list of the members of both houses of the Legislature. This is printed not merely to fill space, but for your own reference. When the time comes that you are asked by the

society to support or oppose some measure, refer to the list and write, if possible, to every member of the Legislature; certainly to your own representatives. And do not stop there. Go to your friends and patients amongst the influential laymen. Explain to them what the import of the proposed law really is and how it affects the general public and how your medical society stands in regard to it, and ask their help. It is astonishing how much the opinions of influential constituents affect the attitude of legislators! We shall count on your help and we feel more than confident that we shall not count in vain.

The condition of things in the matter of the minimum fee for life insurance examinations is becoming very interesting. As you will doubtless recall, your JOURNAL was **INSURANCE SITUATION.** the first to take up the matter actively and oppose the cut from \$5.00 to \$3.00. Slowly the movement has grown until it is being very actively prosecuted in many States. We note with pleasure that the State journals of Texas, New Jersey, Kentucky, Pennsylvania, and some others, have taken vigorous stand and are encouraging their members to fight for a decent fee. In our own State, more than half of the county societies have gone on record as absolutely opposing the cut, and in many of these counties the three-dollar companies can do little if any business. The other day we learned that the New York Life was so hard put to it in Santa Cruz county that they had offered several men a salary of \$25.00 a month in addition to the fees, if they would accept the \$3.00 fee on small policies. If we are correctly informed, and we believe we are, no one has yet been secured in that county who will do the dirty cut-rate work. Three other companies have issued instructions to their California departments to pay the \$5.00 fee whenever it is demanded. Just remember that and always demand the \$5.00 fee; if the company happens to be one of these three, you will get it; if it is not, do not make the examination. This is one of the fights we are bound to win if we simply stick to it and to each other. Do not be discouraged; things are coming our way pretty fast and eventually we will win out.

Under this caption, the *Texas Courier-Record of Medicine* for December, 1906, prints an editorial that is somewhat interesting. It seems that all papers read before the Texas **"IS IT RIGHT?"** State Medical Association and the various district societies which are affiliated with it, are sent to the *Texas State Journal of Medicine*, the official journal of the association, and that the "independent medical journals" can not secure them for publication. The *Courier-Record* asks, plaintively, "is this right?" Let us see what sort of an "independent" medical journal the *Courier-Record* really is. The page measures 4 1/4 x 8 inches, and according to the pagination of the December number, it contains 34 pages of text; of

these, however, 1½ pages are open advertisements. The reading matter consists of a report of a meeting of the North Texas Medical Association, about five pages of editorial matter and notes—and *seven pages of reading notices*. The readers of the highly valuable "independent" medical (?) journal under discussion are given most wonderful statements as to the efficacy of Vin Mariani, glyco-thymoline in obstetrics (!), antikamnia, glyco-heroin, Gray's glycerin tonic (2 of it), Calcalith (Abbott), resinol ointment (advertised extensively to the general public), peptomangan, and bethol-ol, which statements are carefully prepared by the manufacturers, so that the trusting reader may be sure to get his information uncontaminated. In the advertising pages we find such things as neurilla, Hayden's viburnum compound, antikamnia, antiphlogistin, pepto-mangan, tongaline, celerina, aletris cordial, seng, cactina, chionia, sanmeto, katharmon, anasarcin (the sure cure for dropsy!), bromidia, etc. With a delicate thoughtfulness, the editor has slipped an advertising page immediately in front of the "editorial" page, and on this we find displayed hydrozone and antidolar. Now, is it not right that any self-respecting physician should prefer to have his paper go to the *Texas State Journal of Medicine*, which prints a good many valuable original papers, and good, clean, live editorial matter, and which does *not* disgrace its pages by printing the puffs sent out by the manufacturers themselves to delude physicians into using their nostrums; nor permit the advertisements of these nostrums in its advertising pages; rather than to send his paper to a publication of the scarlet-hued sort—the kind that might well be classed with the "oldest profession in the world"? And this *Courier-Record* is of the class of "independent" journals now bewailing the establishment of State journals and clamoring loudly about "journal trusts" and the attempt to kill all "independent" medical journals! Heaven save the mark! What is it "independent" of? Decency? Self-respect? Honesty? It certainly is not independent of the ball-and-chain of the nostrum maker, so it would seem to be independent of the medical profession.

SOME IMPORTANT AND PRACTICAL POINTS IN MEDICINE.

By IRWIN N. FRASSE, M. D., Los Angeles.

Years ago this vast continent was teeming with Indians. In a few places where food was scarce and circumstances unpropitious they were a miserable-appearing race, but where there was game enough, and this held for most regions, they were a magnificent-looking lot of savages. Probably nowhere on earth were there to be seen such fine physiques; tall, straight, lithe, deep-chested and untiring. Sickness was almost unknown to them, except contagious diseases, and these were brought in mostly by the whites.

I might incidentally remark, in regard to the susceptibility of dark-skinned races to eruptive fevers, that about 1840 some white men recovering from smallpox came into a village of the Mandan

Indians. There were 1001 persons in the tribe. Of these 998 died of the fearful scourge—not a bad plea for vaccination, by the way—leaving but three living members!

These splendid physical specimens had no houses like ours. Indeed, in the tremendous distances that they made on foot and horseback they had no shelter at all except the scant protection afforded by a few pieces of brush in the form of a rude lean-to. Nor had they changes of clothing. Indeed, what they wore was little enough and in rain, hail or snow they had to lie down and sleep in their wet buckskin garments.

Our own borderers and cattlemen in early days had to do similarly. The late Mr. Charles Chapman told the writer that often, in California and Nevada, when night came, he and his men would surround the cattle, some lying down while others watched the herds. When morning came and he lifted his poncho from off his head and shoulders perhaps he would find that several inches of snow had fallen on it while he reposed serenely beneath.

The Indians, and such other hardily brought up people, almost never took cold. What power did they have, inherent to them, that is lacking so much in modern people? That power was what we call *tone*.

And what is tone? The dictionary says that it is "The degree of firmness or normal tension proper to any organ or tissue of the body. Also the general condition of body with reference to the vigorous and healthy discharge of its functions."

Tone is partly hereditary, probably mostly so, but part is acquired, especially in early life; not by giving in but in striving against the elements in an endeavor to make yourself superior to them—always with discretion, of course. This is to be done, not by keeping one's children indoors just because it looks a little threatening, but by sending them out in every kind of weather that it is possible for them to be out in, with proper protection, so as to acquire hardness from very childhood.

What is *tone*, then? My own definition would be that: "It is that condition which keeps one's capillaries all over the body in a condition between contraction and expansion, *even under adverse circumstances*."

When a person catches cold, that is, when his tone gives out, what is the process? Suppose one puts himself in the place of one of these Indians. Imagine yourself lying down in wet clothes, what would happen to you? First of all your feet and legs would begin to be cold. The very fact of their chilling would suggest that the warm blood was being driven away to some other part; that some other region was being dilated and congested, and, unless you should be careful you would have, perhaps, infection added with actual inflammation, for that is what inflammation is—the reaction of the tissues against an irritant, usually, if not always, germs.

So you would begin to sneeze. Mucus would begin to form in your nose from the congestion of

your nasal erectile tissues. Some of this mucous would be retained in your head and, fermenting in such a hot place, you would be well aware pretty soon that you were the recipient of a blooming cold and perhaps of a sore throat. Perhaps your lungs are the point to which the blood rushes and you get at least a bronchitis. Perhaps more blood than usual determines to your tonsils and you are affected with a tonsillitis. Perhaps you have an appendix, or if a woman, an ovary, of which the tone is below par and you suffer accordingly its congestion or inflammation.

Now, very often, one's congestion does not go very much beyond physiological bounds and you have only a little achiness. Sometimes, however, it does not stop at a slight ailment, but goes on to severe trouble.

There must be some special reason for this. There must be some cause by which one's tone is lowered, this power of keeping the capillaries so beautifully contracted. Something must come into the system, be absorbed, which lowers the tone of otherwise healthy organs so much that they take on actual inflammation. These conditions are very common, therefore the condition which furnishes this entrance and absorption must be very common.

What infected substance comes oftenest into one's body? Why, food, naturally. If, therefore, one takes into his body food infected with germs which upsets his digestive power, or if one eats food which is simply ill-prepared, very soggy perhaps, or very indigestible, heavy, pasty, or highly flavored mixtures, etc., a certain amount of indigested residue remains, forming a beautiful nidus in the hot juicy intestines for germ growth. Absorption of such toxic, paralyzing substances is the ideal method of upsetting one's tone.

These toxins produce an unstable condition, a lowered vaso-motor tone, which permits of the sending of large quantities of blood to whatever region or organ the particular person and existing conditions predispose to.

We will assume that an extra large amount of blood goes to the tonsils. Now, Mr. Westcott, the brilliant, but unfortunately tuberculous, author who died just too soon to see the great success of his clever book, "David Harum," said that "A certain amount of fleas are good for a dog; they keep him from brooding over the fact he is only a dog." And maybe a certain amount of streptococci are good for the tonsils. But when, suddenly, the foodgates of their living are thrown wide open and increased quantities of blood begin to come to them, they at once take on new growth, until the tonsil, teeming with them and made sore by their excretions, is in a state of painful inflammation. In the same manner a temporary condition of the lung goes on to actual inflammation, with the production of a pneumonia.

One gets a congestion of his ileocecal region and his appendix, that degenerate little organ so important in some of the lower animals, which, when inflamed, from its anatomical make-up relieves itself so poorly, perforates from the severity of the process to which it is subjected. Nearly always, if one

will inquire and keep his eyes open, he will observe a dyspeptic disturbance before or with these conditions, even though the affected organ be far distant. Several times has the writer observed middle ear attacks follow or occur during an attack of appendicitis.

If one is full-blooded, particularly if one has eaten a large meal of indigestible substances, the dilatation may occur in the cerebral arteries with a resulting apoplexy. Nor is this condition of apoplexy explainable by the supposition of heart stimulation and harder beat alone, for often times it is not during the time of a heavy dinner, with wines, that this kind of an attack comes on, but hours after, toward the late hours of night, toward the time when food decomposition and absorption have taken place.

Perhaps a turn over in bed or some other sudden movement may suggest itself to you as the exciting cause, but *why* should it produce a sudden determination of blood to the brain at such a time? Because of the cerebral vaso-motor dilatation caused by toxic absorption.

I can best explain what I mean by saying that I once had a water pump in my office which filled an air tank. When the air pressure was maintained at a certain point the water pump acted slowly and almost imperceptibly, but the instant the air pressure became lowered the water pump took a jump to fill the vacuum.

Several times the writer has seen a profound coma come on after a heavy meal, as after a Christmas dinner, usually in anemic individuals entirely free from any kidney lesion. Such persons are usually of low vitality. Kept waiting to an unusually late hour they have partaken with extreme gusto of an amount of food which has been beyond the power of their weak digestive juices to assimilate. A pasty infected mess has gradually found its way down into the intestines.

As you have probably often noticed yourselves, the digestive power becomes less as one goes further down in the digestive tube, while absorption, of good or bad products, becomes greater. Just such results come about in the kind of case under consideration. An immense amount of septic material is absorbed, a paralytic vaso-motor condition (always that loss of tone) results with dilatation of the brain or brain coverings and perhaps the individual is found on the floor, totally unconscious, yet without an apoplexy, where he had fallen hours before.

Now, I think, it is plain to you what tone implies and how important it is.

1. How shall we acquire tone? 2. How shall we keep it? 3. And, from the standpoint of etiology, what is the natural treatment of these various diseases, if they have a common basis?

How shall we acquire tone? Well, that brings us into consideration of a certain amount of question two; for to acquire means not to waste it. It means not to be neurotic. It means not to run your brain and spinal storage batteries down too completely by continued, exhausting work.

Hard work, up to a certain point, is stimulating,

but if rest does not come then it is exhausting and, if too long continued, it may produce an actual degeneration, a paresis, which often follows too long-continued strain. Not only must we husband our forces, but we should not produce neurotic individuals. A person who is conscious of any such make up in his constitution should marry an individual who is of good physique and equable temper.

We should bring our children up from babyhood to cool baths, so as to perfect the capillary circulation and help to increase the red blood corpuscles. We should put them where the air is best—out of doors. We should give them swinging rings, a flying bar, a rowing wagon, and other things to build up their arms, chests and backs, so lamentably weak in Americans, especially in our women. While to produce heart strength and lung power and quickness and to develop the nether extremities give them base balls and footballs and especially a dog as a playmate, all of which will teach them to run.

And the more active the dog the more active your child will become. For my own boy I happen to have two dogs. A good-sized, good-natured setter that he may pull and haul around, thus getting lots of arm and chest development—much to honest Ranger's disgust. The other is an unusually active little dodging fox terrier that he chases around all day long with great glee.

Don't put unnecessary clothes on your children. Let them go without hats when they are playing. Accustom them to low open sandals or moccasins or let them go barefooted part of the time. Furthermore, you can't make a lasting, anthracite fire out of shavings, and you can't grow a fine specimen of physique out of pies and pastries and other mixtures which develop in a child a craving, an artificial appetite, for things which won't do much good to the exclusion of simple, but wholesome, blood-making food for which, produced by excellent health and a large amount of exercise, he should have as eager a longing as a spoiled youngster has for its pastry and confections.

In the line of upbuilding and developing of human beings a novel, so called, by Stanley Waterloo, but really a scientific work that I have lately been reading would appeal to you, as educated physicians. It is called "The Adventures of Ab"—a tale of the time of the cave men. It puts into the life of one man the advances and developments of countless ages and describes the daily adventures and dangers to which individuals were exposed, as well as the gradual stronger and stronger cementing together of human beings into families and clans.

Furthermore, we should teach our children to conserve their energies, upon which modern life makes such great demands. We should teach them how to be capable, that they may so well know how to carry on the work that will be required of them in after life that it will be easy for them. We should make companions of them and teach them from the first the why and wherefore of everything that you or they may do—the best and easiest methods of accomplishing results.

Teach them to be good natured, to stand reverses with fortitude and still keep trying; not to fly off at a tangent and become cranky and cross or excited either, at every little occurrence, for that makes the harness rub. Instill into them some idea of hygiene. Above everything see that they get plenty of sleep, for short hours of sleep make long hours of nervousness. The greatest conservator of nerves, and, therefore, of energy and tone, which we have, is natural sleep.

What you have instilled into the child endeavor to keep up in the adult. Teach them that work, earnest hard work, is one of the greatest pleasures of life and not a hardship. That it makes one more independent and more of a man than anything else. And that even wealth should never make one give up his life work until too great age shall make him incapable for anything else but a noble example and an instructor and adviser to the young.

And then they will learn the lesson that, with a fair income, with the necessities and a few of the luxuries of life, self earned, they will become indifferent to these very riches, for they will be experiencing right along the pleasures in life that some people grasping, grasping, ever grasping after that delusive *ignus fatuus*, wealth, are "going to have" some day, but who often die prematurely, miserably, perhaps dishonestly, without ever having attained their end. Work while you work, but yet within reason. When you become over-tired, appreciate the necessity of a vacation.

And now for the diseases themselves and their underlying condition, lack of tone. If the cause is due to intestinal absorption, the rational treatment of such a thing would evidently be not to put indigestible things into the canal. And that implies care of food, especially in those with sallow skins, so called "bilious" individuals. The next thing to do would evidently be to get rid of anything producing this effect and that means to sweep it out by cathartics.

Mere sweeping out, however, seems to be not always enough, for evidently some of these germs and germ products will not be swept out. We need something that is antiseptic, something that will prevent their proliferation; something that will sterilize the intestinal canal as far as it is possible relatively to sterilize that tube. Therefore we give a mercurial cathartic. If our treatment has been well carried out this will prevent further fermentation and absorption of poisonous principles, so that there will be no more infection added.

We must equalize the temperature by keeping the feet warm and head cool, and we must bring to bear upon the special organ concerned the treatment especially required by it. Over the appendix or the congested lung we should place icebags. To the ear one should apply heat or cold, whichever seems best. For the tonsils we should apply local measures, but, in addition, give internally so-called rheumatic medicines, which seem to relieve such troubles best.

Headaches, and even certain types of insanities, I

fully believe, have the same underlying cause that is here suggested and, working along these lines, I have seen some cases of insanity clear up for good that, until this underlying cause was recognized, one would have considered hopeless.

When an organ is in use it requires more fuel, that is, more blood. Therefore, physiologically, nature dilates the capillaries and permits of a greater influx of nutrition. Suppose, however, that the individual overuses that organ. Let us suppose that he be a man of large and varied business interests. His brain is working hard perhaps without proper cessation and blood is demanded in great quantities. After a while such a brain may not clear itself well. The physiological and temporary dilatation, so beautifully under control in a fine physique, becomes pathological. The individual can not shut off that blood supply when he wishes. An overfullness supervenes, with or without headache. When he lies down at night he is not able to produce the physiological brain anemia demanded to welcome sleep and he lies awake, wretched, teeming with thoughts that he would like to absent, falling late into a perturbed sleep from which he awakens in the morning unrefreshed. And from this stage to actual brain degeneration is not a great stride.

There are some fine points in this matter, some of which have probably occurred to you. Such a one came up for the consideration of two other members of this society and myself in a case that we saw in consultation last winter.

The case was that of a baby, an unusually large child with rather large head. Labor had been long and difficult and was followed by very frequent convulsions of an epileptoid character, which subsided only to lesser attacks, alternating with twitchings, even under bromides and chloral.

We feared that the attacks might become permanent. In other words, what we especially dreaded was that some slight brain focus of injury might remain in a state of congestion, through the lowered state of tone produced by toxic absorption from food which might not be agreeing with the baby, or that it might even become infected from such a cause so that a permanent epileptic condition might result. We therefore decreased the milk supply to a minimum, partly because we feared that the milk might be introducing poisonous substances into the body and partly because, keeping the blood up to too great a richness, the mother might be furnishing a fluid favorable to the continued proliferation of harmful substances already there. We also determined to clean the intestinal tract fully and to sterilize it with a mercurial repeatedly. We further gave ergot, if I remember correctly, for a few days, to contract any dilated capillaries, of which the tone might be lowered, thereby inviting infection and permanent change.

We were able to withdraw the nervines soon after and the child made an excellent recovery, with the likelihood that it will be permanent, now that a good many months have gone by without a return.

ADDRESS OF THE RETIRING PRESIDENT, DR. J. LAMBERT ASAY, SANTA CLARA COUNTY MEDICAL SOCIETY, DECEMBER, 1906.

The organic law of your society compels its officers to submit a report of their work upon the ending of their official term. It also makes it mandatory upon your president that he shall contribute matters of interest which have occurred during his administration and to offer such advice as in his judgment he may think proper for your own guidance and the welfare of your organization.

On the 12th day of August, 1876, the present society was organized with the following membership: Drs. Benjamin Cory, J. D. Scott, A. McMahon, M. S. McMahon, J. B. Cox, J. N. Brown, Robert Caldwell, A. Castleman, W. S. Thorne, Jared Turner, P. M. Luson, C. K. Farley, of Gilroy, and A. W. Saxe, of Santa Clara. Of these but two are living today—Dr. Robert Caldwell, who is still with us, and Dr. W. S. Thorne, who is now a member of the San Francisco County Medical Society. Each of the original members named has ever been recognized as being among the most cultured of our profession.

Looking over the records of the society for the past thirty years we find conditions during that time much as they are now. The minutes tell of resolutions condemning lodge practice; of agreements among its members not to accept such contracts made and broken; to provide for a uniform fee bill; to establish a medical library; to maintain a blacklist of nonpaying patients; of laws passed forbidding the publication of physicians' names in the newspapers of the day in connection with surgical and other cases in practice. In January, 1877, there appeared to be doubt concerning the propriety of admitting women to membership in the society. Justice, however, perhaps, seasoned with chivalry, at length prevailed, and Dr. Sara E. Brown was elected our first woman member. In September, 1880, members were forbidden, under pain of expulsion, to engage in consultation with "irregular" physicians. By "irregular" was meant homeopaths, eclectics and all others who should disagree in therapeutics from the teachings of the older school. Blue laws of centuries gone were no less intolerant. Liberality of opinion and broad-mindedness in expression have been the conquerors. Learning has been progressive. There has been no turning back the hands of time. Barriers between schools of different systems of practice, at first thought to be insurmountable, have been thrown down; let us hope never to be upreared again. With the medical profession of this great nation "pathy" is dead, and woe be to him that instills life into its corpse. The living body of today is the true physician. The plane is long and broad enough for all to tread upon.

In the administration of affairs of the society, able assistance has been rendered by the chairman of the Executive Committee. Too much praise can not be bestowed upon your secretary for his untiring zeal in making his office the model from which

other county societies may pattern. To him, in the greatest of measure is due your present progress and prosperity. Much of his own valuable time has been given in excursions with your president to outlying districts, visiting physicians that your membership might be increased and the profession of this county thoroughly organized.

By the adoption of the new constitution, the Board of Councilors was created to act as the legislative and business body of the society. So far it has accomplished the purpose for which it was formed by keeping extraneous matters and useless discussions from taking up the time of your meetings, thereby affording ample opportunity for the consideration of clinical subjects and scientific papers. In two or three instances it has been impossible to hold sessions of the council, and important business had to be deferred for lack of a quorum; but as its members become more familiar with the requirements of the by-laws as to times of meeting, it is to be hoped that future omissions will be avoided. When it is considered that all the business can be transacted in 15 or 20 minutes before the opening of the society's regular meeting, it is not too much to expect that those accepting official preferment at your hands, together with heads of committees, who compose the council, should devote so short a time to the business and welfare of the society.

For the last year and a half the society has placed itself under many obligations to the managers of the St. James Hotel. Without cost to us, and often with inconvenience to their own affairs, they have provided comfortable quarters for our meetings. Whether it is wise for the society to continue under these conditions or secure the rental of a hall for future meetings is a matter worthy of your consideration.

Previous to the recent calamity which overtook this section of the State a movement was inaugurated to hold semimonthly meetings. If this were carried out, I still believe it would be productive of great good to the society, with corresponding benefit to every member who availed himself of its advantages. A fair share of such meetings should be held at stated times in other parts of the county as first contemplated.

It will be remembered also that as a result of the great catastrophe many of our brethren in San Francisco were made homeless and penniless. Their wail of distress was borne to our ears on the winds of adversity. Not pausing to reflect how much you, too, had suffered, you not only bade them be fed, but you gave them food; they were without raiment and you clad them; to the perishing from the chilling storms that came you gave shelter and warmed them into life. You cast your bread upon the waters and it has returned to you far richer with every blessing only gratitude can bestow.

It has been recommended time and again by our State Society that each county society, through its members, take an active part in political affairs both at primary and general elections so far as the interests of the medical profession are concerned. With

organization and unity of purpose physicians can control their representatives and be able to prevent adverse legislation. This Society may take pride in the election of one of its members to the State Legislature besides aiding in the choice of two others who have pledged themselves to support the recommendations of the Board of Examiners and our State Society.

A county medical society is the organized representative of the profession in its jurisdiction. The opinion has been expressed that all appointments to positions on the medical staff of county and city administrations in public institutions and elsewhere should be made from members of the society. The best service to the public is not always obtained by the indiscriminate bestowal of office upon nonprogressive physicians as a reward for party fealty or in return for political favors rendered. In my own opinion the more energetic one is in his society work the better he is qualified for a public position of this nature.

Can any one say he has not been made a better physician by attendance upon our meetings? Has not the exhibition of patients before you and the comments thereon been full of instruction? Have not the valuable scientific papers read here and expression of views on their subject matter not broadened our understanding? And, lastly, has there not a more charitable feeling, each for the other, sprung up in our social intercourse, and from all these things are we not stimulated to go on in our great work for humanity? I believe that all this good has come to us. Let us be mindful of our own selves that it may endure.

It is with sadness that I now officially announce to you the death of two of our distinguished members in the past year. The first, Dr. Edwin Arthur Kelley, physician to Agnews hospital for the insane, was killed while attempting to rescue patients from the falling building on the memorable morning of the 18th of April last. The second, Dr. Pedro M. Luson, one of the founders of this society, died November 26. Both left the imprint of their noble sacrifices and generous deeds on the tablets of memory.

I am retiring from the chair tonight, in which you placed me eighteen months ago, with a mind filled with emotional thoughts; thoughts of your kindness, your indulgence and your courtesy toward me at all times and in every place; and I am thinking, too, of the victories and defeats that will be yours. Six days more and I shall have reached the years appointed of three score and ten. It is half a century since I began my work in our profession. Younger men must take up the burden I now lay down. May I not speak to you then as one of my age and service can have liberty? In your professional intercourse with each other, and in your society work diverse ideas will sprout, perhaps take root. When these do confront you be ready to concede without passion the right of opinion though you may not agree. If you see fault in another remember that no one wears a corselet that can not be pierced by the rapier of retaliation. As pro-

gressive medical men and women you can not do without interchange of thought; you can not do without society work, neither can the society do without you. It is only by the constant exercise of the faculties of all our being that we can hope to grow. There must be no halting in our progress, no resting by the wayside. Climb to the top-most branches of the tree of learning and gather their ripened fruit. Knowledge is a gem among others in our casket. New discoveries are within your reach; new triumphs await you; seek them out and add fresh laurels to the trophies already won. Cling to your society. Be zealous in its work for your own uplifting and the honor of your calling. Humanity has the right to expect of us our best endeavors. Our profession can rise to no grander height except as each of us helps to lift it there.

Finally, may I ask that the same loyalty shown the passing administration be given to my successor, and may it abide with him in every pleasing and generous sentiment as it has with me, and may the cordiality of our meetings, in which not a single note of discord has been heard, be one continuous reign of peace and good fellowship among you.

OPERATIONS ON THE THYROID GLAND.*

By WALLACE I. TERRY, M. D., San Francisco.

Operations on the thyroid gland may be demanded on account of: First, thyroiditis; second, tuberculosis of the thyroid; third, tumors and cysts of the thyroid; fourth, goiter. Of these, by far the most important is goiter, and the greater part of this paper will be devoted to a brief consideration of the surgical features presented by it.

Inflammation of the thyroid unless it leads to suppuration, does not ordinarily demand operative intervention. When suppuration is present conservative incisions should be made for the relief of tension. Extensive dissections are unwise because of the danger of widespread infection of the deep planes of the neck.

Tuberculosis of the thyroid is very rare and demands no different treatment than tuberculosis of other organs.

Of the tumors of the thyroid gland the adenomata are the most common. They are generally noticed as asymmetrical enlargements and are usually single. That they, by degenerative processes, lead to cysts is believed by many pathologists. When they contain much colloid material or are deeply located it is very difficult to differentiate them from cysts. Early excision is the proper treatment for both. For one who is interested in the pathology of adenomata and cysts of the thyroid, the articles by Bloodgood in recent numbers of *Surgery, Gynecology and Obstetrics* (Aug., 1905, and Feb., 1906) are of much value.

The malignant tumors of the thyroid are the

carcinomata and sarcomata, the former being the more common. Early radical removal is the only therapeutic recourse in these cases which is of any value. That the results, so far as ultimate cures are concerned, are poor, is due in great measure to the tardy recognition of a malignant process. Kocher advises immediate operation in any case of goiter which shows a rapid growth, while Bloodgood urges that "every asymmetrical enlargement of the thyroid gland in individuals over thirty years of age should be subjected to immediate operative removal." Adhesions to and infiltrations of the adjacent tissues are generally found in the malignant tumors, and one must be prepared to remove portions of the trachea or larynx or extirpate some of the large vessels of the neck in operating on such cases.

Hypertrophies of the thyroid are classed as simple or exophthalmic goiters. In the former we do not have any constitutional symptoms except those produced mechanically by the enlarged gland, while in exophthalmic goiter the constitutional symptoms produced by toxins from the gland are varied and numerous.

The simple goiters may require surgical treatment:

1st. When they cause dyspnea from pressure on the trachea or dysphagia from interference with the esophagus. In goitrous districts it is no uncommon thing to see the trachea narrow and distorted to a marked degree.

2nd. When there is pressure on the recurrent laryngeal nerve. Occasionally the tumor is behind the sternum, in which case the dyspnea is apt to be more severe.

3rd. When the goiter is growing rapidly.

4th. When the mass is irregular or nodular.

5th. For cosmetic reasons when there are no contra-indications.

Between the simple and the exophthalmic goiter there are any number of varieties which do not admit of a satisfactory classification, and it seems best to speak of such cases as Basedow's disease or goiter with Basedow symptoms. The term exophthalmic simply refers to one symptom, while Basedow's or Grave's disease implies a symptom-complex.

Personally, I prefer the term Basedow's, rather than Grave's, because Basedow was the first author to give a comprehensive description of the disease, and also because the term is used more often in the literature of the subject.

The value of a proper operation in Basedow's disease is coming to be more and more recognized, so that there are few today who maintain the position that surgical interference is contra-indicated. It is believed by the majority of observers that Basedow's disease is due to hyperthyroidization, and it seems rational to lessen that effect by the removal of a portion of the gland. The various forms of serum therapy, the use of the milk or the blood of thyroidectomized animals or the preparation of a serum from the human gland, are being tried with varying degree of success, and it is proper that each case of Basedow's disease should have a thorough course of medical treatment—dietary, drugs, rest, etc.—be-

*Read before the San Joaquin Valley Medical Society.

fore surgical treatment is undertaken. There is no question but that a considerable proportion of mild cases are cured by medical measures alone, but should such measures fail to give relief within a reasonable time, the patient should be operated upon before he has lost his powers of resistance.

The mortality of thyroidectomy in simple goiter is almost *nil*. Kocher, of Bern, has done over 3,000 thyroidectomies, and in his last series of one thousand cases reported last April (*Zentralblatt f. Chir.*, July 14, 1906—No. 28—p. 70) he had but three deaths in 904 simple goiters; i. e., less than four-tenths of one per cent. His mortality in excisions of the gland for Basedow's disease was slightly under 2% in 52 cases. Total extirpation of the gland with removal of involved lymph nodes or adjacent structures for malignant disease of the thyroid is naturally attended by a higher mortality—in the neighborhood of 10%.

My personal experience embraces but 11 cases, 8 of which were Basedow's disease, 2 simple goiter and 1 secondary carcinoma of the thyroid, and I have been fortunate enough to have no fatalities in this series. One patient was in an advanced stage of Basedow's disease, with extreme tachycardia as one of the prominent symptoms, the heart beat at times being as high as 300 per minute. The removal of the hypertrophied right lobe was sufficient to restore her, in the course of several months, to a fairly normal condition. In another patient nervousness and exophthalmos were most marked. Her symptoms were very much improved by a partial thyroidectomy and a year later I was able to operate successfully upon her for a complete prolapse of the uterus. This leads me to mention that major operations on patients with Basedow's disease are frequently fatal. When circumstances permit, the goiter should be operated upon several months in advance of any other operation which may be necessary.

The technic of the operation which I prefer is essentially that as elaborated by the master surgeon, Kocher. The anesthetic of choice should be a local one, preferably cocaine or eucaine, and only in exceptional cases should a general anesthetic be administered. The two principal reasons for this statement are:

1st. The danger of injury to the recurrent laryngeal nerve with its sequences of aphonia and inhalation pneumonia is great during general anesthesia, while with local an injury of the nerve can be at once recognized and steps taken to remedy the difficulty.

2nd. Hemorrhage is apt to be far more severe under general than local anesthesia. As a consequence of the above factors, the mortality is lowest when local anesthetics are employed. The pain which the patient has to endure is not great if the skin is infiltrated with a 1% solution of encaine preceded half an hour by a hypodermic of morphine and atropine.

The collar incision of Kocher is, as a rule, the best for a goiter operation. It allows of a complete exposure of both lobes and from an ultimate cosmetic standpoint is the best, as the usual neckwear will conceal the scar. After division of

the skin and platysma muscles, the anterior borders of the sternomastoids can be slightly nicked and the muscles well drawn to the outer side. Usually it is necessary to transversely divide the sternohyoid and sternothyroid muscles. The capsule of the gland is then reached by blunt dissection and the lateral accessory vein, if one be present, exposed. This should be ligated and divided, then the lobe which it is proposed to enucleate should be dislocated forward. This I consider an important point because the forward dislocation at once relieves the sense of suffocation which most patients feel up to this time, and permits of ready access to the thyroid vessels. The superior and inferior thyroid arteries are identified and tied off. In dealing with the inferior it is best to make some pressure with a pair of artery forceps on the vessel and have the patient speak in order that one may know that the recurrent laryngeal nerve is not caught. After ligation of the vessel—and one should bear in mind that the veins are usually very friable—the division of the isthmus is next in order. By compressing the isthmus with a strong pair of forceps one can reduce it to a mere cord so that a small ligature will suffice for a stump.

Furthermore, compression will prevent in large measure the later flow of colloid material into the wound. Nothing more remains than to complete the toilet of the wound and suture the fascia, muscles, and skin. It is usually better to employ a small drain for the first 24 hours in order to carry away the serum and any exudate from the thyroid which if absorbed may produce thyroid intoxication.

PRESIDENT'S ANNUAL ADDRESS. LOS ANGELES COUNTY MEDICAL ASSOCIATION, DECEMBER 21, 1906.

By FITCH C. E. MATTISON, M. D., Pasadena.

It has been the custom for your presiding officer to deliver an address upon retiring from the office to which you have honored him, and I hope I may be pardoned if in following this time-honored custom I shall depart somewhat from the usual practice of either writing upon some scientific subject or lauding the advances made in the line of medical progress, but shall, instead, speak of some of the aims and purposes of medical organization, and in doing so, call your attention to part of the work which your society has accomplished during the past year, and perchance call your attention to some of the shortcomings, and attempt to point out some needed advances, which, it seems to me, are timely and necessary, if we wish to keep up with the advances along other lines of scientific progress.

Before doing so, permit me to thank the members of this association for their hearty cooperation, which has made it possible for us to look back upon this as the most prosperous year of the Los Angeles County Medical Association since its organization. With an increase of the number of meetings from two each month to weekly meetings, our average attendance has been nearly up to that of last year, the total attendance being far in advance of any previous

year. The demands upon members for papers have been promptly met, and the character of the work better than ever. Our clinical meetings have been a grand success and should be continued; the increase in the expense of the association, caused by the increase in the number of meetings, will be more than compensated for by the increased interest in the work of the association and the character of the results accomplished.

Both medical and lay press have been doing much to help the medical profession to educate the public as to the evil effects of the use of nostrums, and we owe a debt of gratitude to the publishers of *Collier's Weekly*, which, through the articles written by Mr. Samuel Hopkins Adams, has awakened the public to the dangers incurred in the use of secret nostrums. A copy of these articles, reprinted by the *Journal of the American Medical Association*, has been mailed to each member of the association. We are also indebted to the publishers of the *Ladies' Home Journal* and others for the publicity given this subject. This is a movement that will gather momentum and it may not be long before some of our great daily newspapers, those great educators of the public, will realize that in giving up their pages to the use of any fake medical or secret proprietary advertiser who wishes to buy space, they are but adding insult to injury. Scan the pages of any of the daily papers which enter our homes, and you will find reading matter amongst their advertisements which should not be permitted to enter any home. An organized effort should be made to correct this evil. We have societies for the suppression of vice and the social evil; let us have societies for the suppression of fake medical and obscene advertisements of all kinds in our daily papers.

Allied to this is the evil of our prescribing the many "proprietary" preparations, really nostrums, which are continually being thrust upon us by the overzealous "detail man." Many of these are graduates of medicine, whose efforts to engage in practice have been a failure, and who readily find employment with the manufacturers of proprietary preparations and are assured a salary which is princely, in many instances, to what they could hope to make if they were dependent upon an income from the practice of medicine. They find remunerative employment introducing to the medical profession the preparations, many of which, as soon as they have established a sufficient reputation through the medium of the medical profession and the medical press, they at once commence to advertise to the general public. Our friend, the "detail man," comes to town, sells all the doctors he can a vibrator or violet-ray machine. The doctors use them and give very learned lectures to their patients upon the beneficial results of this new treatment; it sounds very nice to the patients as the lecture is *verbatim et literatum* from the versatile "detail man." At his next visit he installs a few vibrators in the barber shops and a massage parlor or two; then he has such a large demand for them that it is really necessary to put an advertisement in the local papers telling

the public that the Peruna Drug Store has the family size for sale at popular prices.

Does this discourage the physician? Perchance his enthusiasm is not so great, but he has his violet-ray machine to save the day until some quack medical firm advertises in the daily press how, by it, they cure all ailments at \$5.00 per month. And with the violet ray, they furnish radium water from the same machine. "Verily, I say, brethren, this is thy just deserts."

The Medical Society of the State of California, through the medium of its JOURNAL, has been the pioneer among the medical journals of the world in taking up the fight against the prescribing of nostrums, and we are proud of the fact that its most efficient editor, Dr. Philip Mills Jones, was the first medical editor who raised his voice and wielded his pen in the fight against the use of these nostrums. Following is a list of eighty nostrums, many of which were first introduced to the medical profession, and then popularized by the ever-ready gullibility of our medical practitioners, who, in their endeavor to keep up with the pressing needs of their profession, make the mistake of accepting every new and untried remedy as being of as great value as the manufacturer wishes him to believe, and rather than study up his neglected materia medica, and of making a more scientific use of some of the old, tried drugs and their combinations, *thinks* he finds something of real value. Some of these are advertised direct to the public, many times accompanied by letters of endorsement from so-called reputable physicians, though most of them are still advertised only in so-called "medical" journals:

Ammonol	Gray's Tonic
Anasarcin	Gonosan
Antiphlogistine	Glycozone
Antikamnia	Germiletum
Antidolar	
Aletris Cordial	Hematone
Arsenauro	Helenium
Ayer's Cherry Pectoral	Hydrozone
	Hydroleine
Bioplasm	Hagee's Cod Liver Oil
Bovinine	
Bromidia	Iodia
Cactina	Katharmon
Celerina	Keeley Cure
Chionia	
Colden's Liquid Beef	Labordine
Cortexalin	Lymph-orchitis Fluid
Dioviurnia	
Echitone	Melachol
Ecthol	Manacea
Ergoapiol	Manacaline
Expectrozone	Mandragorine
Ferridine	Neurilla
Fitchmul	Nutrolactis
Fig Syrup	Neuroosine
	Noitol

Oppenheimer	Sanmetto
Papayans Bell	Sal Vitae
Papine	Satyrin
Pinus Canadensis	Scott's Emulsion
Pepto-Mangan	Sal Hepatica
Pasavena	Saluable Iron
Peacock's Bromides	Triacol
Passiflora	Tongaline
Phenol Sodique	
Resinol	Uric-Antagon
Respirazone	Uriseptin
Sulpho-Lythin	Vapo-Cresoline
Santozea	Viburnum Comp.
Soapina	
Sal-Codeia	Wheeler's Tissue Phos-
Syrupus Roborans	phates.

This list is being added to each day through the means of our medical press. Who are among you read the articles published in the *Journal of the American Medical Association*, which bear directly upon the composition of many of these nostrums? In these articles upon the new and nonofficial remedies published by the Council on Pharmacy and Chemistry of the American Medical Association, will be found much information that may be of value in determining your attitude in the use of many useful remedies as well as others which are of doubtful utility. What are the members of the medical profession doing to stop the sale of these nostrums? Let us see: In a canvass of several prescription pharmacies in Los Angeles and Pasadena, it was found that, taking in most instances 500 to 1,000 prescriptions as they were found in the files, that from 40% to 50% of the prescriptions as written by the reputable members of the medical profession were for some of these various nostrums, not a few of which are advertised direct to the public. One of the leading prescription pharmacists of Los Angeles carefully went over 500 prescriptions of two years ago and 500 of this year's, and the results were as follows:

U. S. Pharmacopeal preparations.....	47%
National Formulary	10%
Nostrums, such as Peacock's Bromides, etc.	25%
Patented chemicals	16%
Ordinary "patent" medicines	2%

In the 47% U. S. Pharmacopeal preparations were included all tinctures and fluid extracts as prescribed in our prescriptions. When these figures are analyzed it will be seen that the "patent" medicines and ordinary preparations will, if added to the nostrums, bring the percentage to 43%. These figures were carefully compiled and it shows that the use and abuse of these nostrums are fostered by the physicians themselves. In doing so, the physician not only loses his self-respect, but the respect of his patient, who, when he finds that an ordinary trade-marked "proprietary" preparation, or nostrum,

has been used, will not see the necessity of consulting the physician again, and perchance will buy a full bottle of said preparation, and not only use it himself, but recommend it to some friend or friends; or, if he is a wise man, will consult another physician, one whom he feels does not find it necessary to prescribe a "patent" medicine. He feels he can do that himself; why consult a physician at all? These things tend to engender a lack of confidence in the medical profession, and as a result, this class of patients are those who form the bulk of the "patent" medicine or nostrum users. After many discouraging efforts at self-mediation, they furnish willing subjects for Christian science, or any "ism," "healer" or "rubber," who may catch their ear. Their experience in the use of nostrums has discouraged them. Why take medication when a few "adjustments" of a misplaced vertebra "which presses on the nerves of the stomach," will cure them?

When the medical profession can allay its surgical conscience to such a degree that it will prescribe a mixture of a clay, cheap glycerin and synthetic oil of wintergreen (which cost the manufacturer less than 1% of the selling price) and which is far from sterile, as a surgical dressing and all-round cure for all diseases from tetanus to lumbago, and still pose as scientific physicians, it is time for us to look among our ranks for the "weaklings" and weed them out. How can the warfare against the sale of nostrums be carried on successfully as long as we aid and abet the trade "medical" journals in exploiting such nostrums?

The pharmacist bids fair to be a relic of the past, and very soon his only vocation will be a mixer of drinks and a dispenser of nostrums. Far better would it become us, as members of a scientific profession, at least to assure ourselves of the composition of what we prescribe, and why we prescribe it, and not accept the statement of some manufacturing drug firm of questionable veracity. Many of the drug manufacturers publish a medical journal, whose chief aim is to advertise their wares to the credulous members of the medical profession; many of whom satisfy their cravings to see their utterances in print with glowing accounts of the brilliant (?) results they have secured by using some of the products of said manufacturing concern, who either own or subsidize the medical (?) journal—whose only excuse for an existence is to advertise their commercial products.

Is this the age of scientific medicine when we will accept the statements of trade journals and manufacturers of nostrums, and not attempt the verification of such statements? Look about you among any of the allied sciences and see the infinite pains taken to verify even the statements made as to the rapidity of a falling star, or the density of the vapors about the sun; and we accept as scientific facts, statements made on the questionable authority of a trade journal whose very existence depends upon its ability to get some members of the medical profession to exploit the manufacturer's products. This is an age of scientific progress and we must progress

or stand still, and to stand still means scientific decay. We are responsible in a measure for the existing state of affairs; if we will write prescriptions for nostrums whose composition is unknown to us, and for no reason other than a lazy convenience, the art of prescription writing will become a lost art, and we are to blame for it. If we are to have clean therapeutics, the medical profession must take up this subject and remove the stigma which is rapidly being placed upon us by those members of our profession who are prescribing these nostrums. Are we not responsible in a great measure for the growth of the numerous "pathies" and "isms" by a lax and unscientific use of these nostrums?

There should be a law governing the sale of these nostrums, and such legislation can be secured which will be in conformity with the federal pure food law, which is an entering wedge that opens the way to the medical profession for a great campaign against the sale of nostrums. An analysis of most of these "patent" medicines and many of the "proprietarys" on the market, showed them to be mere "sideboard tonics" containing from 20% to 45% of alcohol; the medical profession may well be criticized for the forming of drug and alcohol habits by the promiscuous prescribing of compounds of any of the habit-forming drugs. And, too, often the habitue can trace the origin of his downfall to the use of some of the alcohol-loaded nostrums which he innocently took as a medicine not knowing, at that time, he was starting a course of alcoholism which would mean his ruin. We have it within our power to use our forces as an organized body to combat the evil effects of the use of alcohol and habit-forming drugs, and now that we have a federal pure food law, we have it within our means and the means provided for us, to secure similar State legislation and compel the proper labeling of all proprietary preparations offered for sale. Such legislation should also be of such a character as to remedy some of the grossest crimes perpetrated upon those who are dependent upon the medical profession for protection against impurities and adulterations of food.

Our aim should also be to secure legislation looking to the better control of our greatest source of danger, in comparison to the value of a source of food supply. Reference is made to a better control of dairies and dairy products.

Milk is undoubtedly the greatest source of danger of all food products, consisting as it does of the most important food which enters our homes; and no other article of food is more susceptible of contamination than milk. Forming the basis of the food supply of infants and child life, it is responsible for the high infant mortality, which has been shown is higher in proportion to the gross mortality in larger cities, in localities where the product of dairies is not under control of the authorities, or where medical inspection of dairies does not exist. You are to be congratulated that through the efforts of this society, which has been working along the lines of regulation of dairies and dairy

products, we have a pure food commission appointed by the society, which is making efforts to secure State legislation that will operate in connection with the federal pure food laws, and its most imperative duties will be to secure through the aid of the State Medical Society, a State pure-food commission, composed of members from each County Medical Society, each said County Society to secure ordinances in the cities within its jurisdiction, covering the sale of all dairy products.

We must secure legislation compelling the tubercular testing of all dairy herds within the State, this to be under the direct control of the State Board of Health. Such legislation should provide for the destruction of all infected cattle and a just compensation to the owner.

The Pasadena branch of this Society took up this work some three years ago, and at present has ordinances which compel all dairies to have a license. The fees from this license pay for the employment of a dairy inspector and the tubercular testing of all cows in such dairies. The Los Angeles County Medical Association is now prepared to enlarge upon this work, and within a short time it should take up the work of certification of milk by a commission appointed from our members, and we feel assured from the work done so far that within a short time we will have a State pure-food commission appointed by the State Medical Society, covering each county in the State, which commission will provide for:

1. Inspection of all dairies.
2. Tubercular testing of all cows used for dairy purposes.
3. Certification of milk by the local commission of each County Society.
4. The regulation of irrigation of all fruit and vegetable gardens, thereby preventing the irrigation of such by sewage.
5. The regulation of the sale of fruits and vegetables.
6. The regulation of the manner of handling the same and their exposure for sale.

It should secure legislation which would make it a misdemeanor, punishable by fine, to sell products of any dairies, unless it be a licensed dairy with tubercular-tested milk cows.

It should be a punishable offense to expose for sale any fruits or vegetables which are eaten in a raw state, unprotected from contamination by dust and flies.

The conditions under which the sale of fruit and vegetables are exposed for sale are appalling in the extreme.

The sale of prepared foods upon the streets of our cities demands immediate control, when the poor consumptive who must make a living, does so by the sale of popcorn and other prepared foods. The necessity of his calling and the exigencies of his case demand that he sell it upon the crowded streets at night to the detriment of his health; the temporary suspension of his business while he coughs a spray of active tubercular bacilli over his wares, seems not to act as a hindrance to the eager

purchasers, whose only regret seems to be that the action of coughing a few more or less additional germs upon his expected purchasers, has resulted in nothing of a more serious nature than to miss a car.

It is, indeed, a travesty upon the value of our efforts to educate the public along these lines when such conditions exist under our eyes every day and we voice but a feeble protest, and that many times not beyond the confines of our own homes.

These are but a few of the evils which the medical profession must bend their energies to correct. It should be the duty of the society to secure legislation compelling the notification of all communicable diseases, it should set itself firm in this stand to provide such legislation; and it should not stop at this, it should secure legislation which would make it a misdemeanor to permit the occupancy of any house or room after any person or persons suffering with a communicable disease, unless such room or house was properly disinfected after occupancy by such persons.

In no way can the medical profession educate the public along the lines of public health and sanitary living as by securing the enactment of such legislation, and this can never be accomplished unless it is by the individual efforts of each and every member of the society. It must devolve upon each one of us to talk to those members of our legislative bodies who are known to us, and if not known to us, it must be our duty to acquaint ourselves with the member of the Senate or House who resides in our district, and place the necessity of such legislation before him, and urge his support. With a thorough organization, such as we have, it should be the policy of this society to do work along this line before such members of our legislative bodies are elected, and support those, who, in our judgment, are willing to support measures which are intended for the common good.

This is carrying practices which are considered good and diplomatic in the business world, into our medical organization, and until we follow these lines of accepted theories in our choice of our legislative representatives, we will meet with but poor success in accomplishing much in our efforts to get good medical legislators; and until this is accomplished, we will meet with but poor success in our efforts to elevate the physical standing of our communities. We have an organization which should be used as a power to promote the public good. Let me urge upon you the necessity of a concerted action upon the part of each and every member of this society in securing such legislative action as will best serve our purpose in securing for those entrusted to our care, the protection which we feel it is our duty to provide.

Our State is a particularly fortunate one in many respects, with its natural climatic advantages, its freedom from extremes of climate, and the climate of Southern California in particular appeals to the invalid in search of health. Many enter its borders seeking relief from tuberculosis, and were it not for the rapidity of the destruction of the tubercle

bacilli when expectorated promiscuously, the danger from this source would be even worse than it is. We have many who seek relief who have not the means to successfully combat the disease, and means should be provided for the proper care of these cases. Efforts have been made to secure an appropriation for the erection and maintenance of a State Sanatorium for such cases. The advantages of such an institution are such that we should not delay in our efforts to secure an appropriation for the purpose at once, as it is evident to all that this class of cases is a great source of danger to the population of our State, and means should be provided at once for the purpose of caring for them. Institutions of such character are a means of saving many of the lives annually lost, and a saving to the State of thousands of dollars annually by arresting the progress of the disease, and placing those persons that are now dependent upon the State for maintenance, among the earning classes.

We need the support of every member of this Association to pass such legislation as is necessary to secure such an institution. The value of such an institution as a means of teaching these patients correct habits of living, and education along the lines of prevention of the spread of tuberculosis will be invaluable.

We have a committee on legislation whose duty it is to inform us as best they can, of those measures to which in their judgment it will be best to lend our support. A strong effort will be made to pass certain measures which, in their judgment, it will be imperative for us to combat. This can only be accomplished by the aid of every member of this Association.

The benefits of medical organization must of a necessity rest upon the benefits derived by municipality, State, and government by such organization, and the sooner such organization has a part in the affairs of the nation, the sooner will the medical profession have representatives in the National Cabinet.

HIGH ORDER OF MEDICAL INTELLIGENCE.

It may not be uninteresting to our readers to examine a little critically some of the replies to a few of the questions asked in the recent examination by the State Board. Certainly the amount of information displayed by these candidates in the replies quoted is startlingly small. Is it not food for careful thought when questions relating to any lowering of the standards required by the Board are brought up?

MEDICINE.

What are the immediate indications for treatment of intestinal hemorrhage complicating typhoid fever?

"Passing of blood in the stools. Symptoms of shock. Air hunger weak rapid pulse Patient blanched lips white. Or patient may be in shock. Abdomen rigid."

Give the symptoms of fibrinous pericarditis.

"Irregular heart. Paricardial aria increased Auscultation Paricardial friction sound. Pain over heart aria, fever and constitutional disturbances."

Give the physical signs of lung abscess.

"The physical signs of lung abscess are: 1. Abscess if large would produce increased tactile fremitus. 2. Area of dullness. Percussing. 3. Bronchial breathing. Auscultation Vocal fremitus increased. If abscess opens into bronchi large rals. You would find these after resolution should have occurred. Clinical. Expectoration of pus if abscess opens into bronchi. Cough. Patient not improving. Examination of blood shows leucocytosis. If abscess is large you will find sweats and high fever."

How would you treat a case of diphtheria involving the larynx?

"By intubation."

Discuss the data on which you might base a diagnosis of tuberculosis of the lung.

"General history of patient, age, sex, occupation, environment, general appearance, loss of weight, continued fever, elevation of temperature, night sweats, cough, character of expectoration and finally the microscopic test of sputum to find the tubercle bacillus."

What are the immediate indications for treatment of intestinal hemorrhage complicating typhoid fever?

"Great loss of blood, collapse, great weakness, blanched condition of patient, previous to, during and immediately following the hemorrhage."

Give chemical tests for detection in solutions of the following salts (A) Silver nitrate, (B) Lead acetate, (C) Ammonium chloride, (D) Ferric chloride, (E) Corrosive sublimate.

"I am sorry to say, Doctor, that I have forgotten and can not, at present think of any of the tests called for in this question. It would be necessary for me to look them all up should occasion arise."

Classify and describe abscesses of the liver.

"I fear to tackle this question other than to say that an abscess may occur in the liver as well as in any other organ of the body; it may be malignant or non-malignant, specific or non-specific, tubercular or non-tubercular. The description would correspond to the description of an abscess any place else. Heat, inflammation, pain, pus, pain on pressure, etc. Breaking down of tissue, development of pus, leucocytes, round cells, etc."

Locate and describe the stomach.

"An Organ of Digestion; continuation of the oesophagus (in the intestinal tract); immediately below the diaphragm; has an oesophageal and pyloric opening; subject to functional and organic disease, etc., etc."

Describe the knee joint.

"The Knee Joint; made up at the junction of Femur, Tibia, Fibula, Patella, Cartilages, etc., etc. Junction of upper leg with lower leg, etc., etc."

Describe the sympathetic nerve, naming and locating the principal ganglia.

"This question, Doctor, breaks my heart. Please be kind. In a 'general way' I know the 'sympathetic nerve,' and its functions, but to make a 'stab' at its 'ganglia' would be futile; please look at my number before counting me 'out.' Its name, of course, means much, as to its 'role' in the economy, and I understand its 'general' function. Be easy on this, Doctor."

Give the position and relations of the tricuspid and mitral valves of the heart.

"The tricuspid valve is on the right side of the heart between the right auricle and the right ventricle. The mitral valve is situated on the left side of the heart between the left auricle and the left ventricle."

Describe and locate the appendix vermiformis.

"A small 'quill-like' attachment of the intestinal viscera, at the lower right side of the ascending colon almost immediately opposite the ileo-coecal valve. Its purpose is in doubt. Seat of appendicitis. Lower, outer of ascending colon."

Describe generally and briefly the lymphatic system.

"The lymphatic system plays a very important role in the human economy, and its purpose is to supply the lymph to the blood. It is very susceptible to surrounding inflammation and is very frequently involved, as, for instance, chancroid on penis; glandular enlargement (sympathetic) inguinal glands; sore on finger might produce axillary glandular enlargement, etc., etc., etc."

Describe the palmar arch.

"The mode of the carpal bones."

Locate and describe the stomach.

The stomach is located in the right hypogastric and epigastric region. It has a pyloric (lower) end, cardiac end. Is convex in the greater curvature and convex in its lesser curvature."

Describe the knee joint.

"The knee joint is made up of the lower end of Femur and upper end of Tibia; is a hinge joint; has a capsular ligament two lateral ligaments."

Describe and name the muscles of the female perineum.

"Perineal levator ani."

Describe the sympathetic nerve, naming and locating the principal ganglia.

"Solar plexus. Sacral plexus. The sympathetic nerves are distributed over the body along the course of lymphatics; their function is not known."

Same question as above.

"The sympathetic nerve have ganglia in the womb, in the generative organs, in the mesentery and ganglionic attachment of the lumbar spinal nerves as well as sacral plexus. The vomiting of pregnancy and pneumogastric ganglia I believe the principal one."

Describe the causative agent and the production of the lesions of scabies.

"Scabies is due to microbe. The bacteria is found in the lesion. It is skin disease transmitted by direct contact and by filth. The microbe or bacteria of Scabies is a short rod-like germ and enters the skin through a break in the skin. It grows and causes ulceration which scab over and extends one to the other."

Describe generally and briefly the lymphatic system.

"The Lymphatic follows the course of the arteries and veins, consisting of glands (Lymph) connected by channels; the longest ducts are the Thoracic and Rectocolic Chyli."

Describe the causative agent and the production of the lesions of scabies.

"A small parasite commonly called louse, found around the Pubis, and scalp. The parasites bore into the skin under epidermis, causing characteristic appearance or lesion."

Same question as above.

"Scabies is caused by an animal parasite. The lesion is found between the fingers."

Classify and describe the cysts of the kidney.

"The cysts of the kidney are cysts may be of Syphilitic or tubercular origin and may be single or multiple."

Same question as above.

"In its character of the contents: Hydro-cyst, Haemato-cyst, Mucous-cyst. (Haemato-cyst occurs pretty often by traumatism)"

"In its formation: Mono (having one cell-room) cyst, Poly (having two or more cell-rooms)."

"Cysts of kidney does not come very often, but when it comes to one kidney, another kidney will act actively as for two."

Describe the causative agent and the production of the lesions of scabies.

"Scabies, the itch, caused locally by its own peculiar bacteria. Constitutional symptoms of the disease with local skin manifestations may be transmitted by heredity. Attack those most commonly of dirty habits of living. Eruption is dry scaly and has terrible constant itching. Between fingers on hands, between toes or may be any place on body. Contagious. Eruption may be slight or very severe in given cases."

Briefly describe the Widal reaction, state its diagnostic significance.

"The Widal reaction is used in making diagnoses of typhoid fever. If a person has typhoid fever and a portion of their excretions be submitted to the blood serum of another who has had typhoid it causes a clubbing of the bacteris."

Write a prescription for the administration through the mouth of chlorine gas dissolved in water.

"Cl. + H₂O—."

Mention the sources and uses of benzine.

"Source of Benzine is Petroleum. Uses—in painting and whenever coal gas preparations are used."

What is the cause of lactic acid in the stomach and how can it be separated from hydrochloric acid?

"The cause of Lactic Acid in the stomach is the presence of a ferment caused by the peuriluin glancum."

Briefly describe the Widal reaction, state its diagnostic significance.

"The 'Widal Reaction' is, I think, a definite laboratory test used in the establishment of a diagnosis (position) is suspected typhoid fever. Its diagnostic significance is, I think, final and conclusive."

What is understood by the terms, tricho-bacteria, leptothrix, sarcina?

"Question No. 10 it is better for me not to attempt—I am sorry to say, Doctor, that I don't know—Please be charitable."

What are the signs, clinical and laboratory, of a well established chronic interstitial nephritis?

"Clinical signs—pain, increased secretion of urine or (may be) no pain especially, dropsical, nervous headaches, wasting, loss of weight, insomnia, etc., etc., and the laboratory test of urine shows the presence of albumen."

Name the physical signs and clinical symptoms which would lead to the suspicion of lung abscess coming on as a sequel of pneumonia.

"Localized pain at some particular part of the lung, dullness area, great tenderness pain, expectoration showing evidence of pus, auscultation would give abnormal sounds, etc., etc."

Mention the sources and uses of benzine.

"Benzine is made from the distillation of wood, is a Biproduct in the manufacture of charcoal, passes very explosive properties. It is used internally in combination with other substances. Benzoate of Lodum in cystitis. About the best think I have found it good for is cleaning and removing grease spots from clothing."

Describe the theory of the construction of the metric system.

"The Metric System is not used as much now as in the past and is not as a ——— Cannot explain."

What is the cause of lactic acid in the stomach, and how can it be separated from hydrochloric acid?

"Lactic in the stomach is always present in Carcinoma of the stomach. It is caused by the putrefactive action of the decomposed tissues in connection with the HCL."

State method of sterilizing the following: Fluid culture media, test tubes, rubber stoppers, rubber gloves.

"(a) Fluid culture media are best sterilized at a low temperature about 40 per cent. (b) test tubes are best sterilized by autoclave (c) rubber stoppers and rubber gloves are best sterilized in a 1-1000 bichloride sol."

Define the following terms: Germicide, antiseptic, aseptic, sterile, disinfectant.

"A germicide is a drug that destroys the life of the Bacteria an antiseptic is a remedy which antagonizes the bocterial poisons. Aseptic is a condition in which the further invasion of the bactrial toxtrics is stopped. A Steril condition is one in which all bacteria have been destroyed or removed. To disinfect is to place drugs in powder or solution so that the growth of bacteria is prevented."

By what physical signs do you recognize hydro-pneumothorax?

"Inspection: Mobility decreased on that side may bulge. Patient lays on that side to help mobilize percussion: shows area of dullness which changes when position of patient of changed always having a horizontal margin. Anscultation: may revial nothing but alteration in breath sound combined with percussion a dullness is manifested: which become vesonous above upper surface of fluid: and this changes when position of patient is changed. pain is felt in that side."

What are the immediate indications for treatment in intestinal hemorrhage complicating typhoid fever?

"There is drop in temperature accompanied by shock this is a matter that should be given immediate attention: Water bags, hot blankets, stimulate best by black coffee per rectum; and strychnin combined with atrophine. Arrest of hemorrhage: for fear of sanguination and if hemorrhage is accompanied with perforation."

SAN FRANCISCO COUNTY MEDICAL SOCIETY, MEETING OF DECEMBER 11, 1906.

(Dr. Wm. F. Cheney read a paper on Sarcoma in Infancy:)

Dr. Porter, discussing paper read by Dr. Cheney: I think we should all thank Dr. Cheney for his lucid

exposition of this case. I have seen one such case, but that was a number of years ago, and different from Dr. Cheney's, being sarcoma of the left kidney, upon which side the disease is more usual than on the right.

From the pathological report of Dr. Cheney's tumor, if I understand it correctly, the growth was not the ordinary sarcoma of the kidney which usually springs from the Wolfian body near the hilum of the kidney, carrying the kidney with it, spreading out on the surface of the tumor.

Of interest in this connection is a case I saw by the courtesy of Dr. Archibald, of Toronto, during the past summer. It was sarcoma of the prostate in a child of 22 months and was not discovered until operation was attempted to relieve urinary retention. Postmortem histological examination proved the growth to be a sarcoma. When one reflects that the Mullerian duct is part of the Wolfian body and that in the post-embryonic stage the former becomes the prostatic sinus, it will be seen that this sarcoma invading the prostate was in reality a sarcoma originating in the same tissues from which spring these sarcomata of the kidney. In the matter of diagnosis Dr. Cheney had a little easier time of it than some do. In looking over a number of histories I find there is often difficulty in differentiating early sarcomata of the kidney from congenital cystic tumors.

Dr. Kreutzmann: About ten years ago I demonstrated a similar case to the Academy of Medicine in three different stages. The first stage was demonstration of the tumor, sarcoma of the kidney from a child about three years old. The second stage demonstrated the child recovered from the operation, and the third stage demonstrated different organs with the same kind of a tumor that had originated in the kidney. Of especial interest was the metastasis in the lungs. The child was first seen in good health. The tumor was accidentally discovered and I had no difficulty in diagnosing it. Operation was advised immediately. The people did not want an operation at first, but finally came back and the tumor was quite a bit larger. The operation was easily performed. In a short time metastases occurred. Some time after I saw statistics of cases of sarcoma of the kidney in children; not more than one dozen cases, showing that this disease is extremely rare. More than ten years ago I reported this case. I have not seen any cases since, and had never seen any before.

Dr. Rixford: As several of those present have reported cases observed by them, I would like to add that I can remember to have seen at least two cases of sarcoma of the kidney in children, one with Dr. Max Magnus, of this city, and one in the service of Dr. Seibert in New York. Magnus' case was that of a girl of two years, presenting an enormous tumor which originated in the left renal region, but which, when I saw it, completely filled the abdomen and raised the lower ribs. The skin over the abdomen was covered with dilated veins and the child was greatly emaciated. The tumor was solid; aspiration brought no fluid. When the tumor was first discovered the diagnosis was obscured by a history of malaria suggesting the spleen as its origin, but later the diagnosis was evident enough and was finally confirmed at autopsy.

Dr. Krotoszyner: I have seen two similar cases, although neither diagnosis could be verified. One case was that of a boy of three with a marked tumor of the left side which I diagnosed as a renal tumor, most probably a sarcoma. The other was a case of a little girl of 5 years, who, at that time, had been in the hands of a number of physicians, and who presented a mass in the right side extending from the ribs down to the crest of the pelvis. It was movable with respiration. In neither of these cases was operation accepted. In one case I understood operation

was attempted, but the tumor could not be removed. In both instances the children died. With regard to the frequency of kidney tumor in children, I wish to mention that in looking over the literature on this subject I found that Kuester, of Marburg, has collected 651 kidney-tumors, of which 141 belong to children from 1 to 5 years and 41 to children from 5 to 10 years. I mention the fact because it shows the large percentage of these tumors in children. It is also stated by the same author that next to children the largest number of malignant kidney tumors occur at the age of between 65 and 75 years. In regard to the diagnosis, it must be stated that as much as modern urology has done to clear up dark kidney-conditions in grown people, very little can be learned from our methods for these small children.

Dr. Moffitt: I have seen two of these tumors. One patient was operated upon by Dr. Tait, who removed the tumor, and, just as in Dr. Cheney's case, the child recovered perfectly and in a short while came back with a tumor as large as at the start. In the other case no operation was done. A short time ago a question of one of these tumors came up in considering a large abdominal mass in a child of 7 months of age. The tumor had been noticed months before. It was accompanied by fever, but absolutely no pain. This mass lay deep in the left flank and at first seemed definitely to be kidney. This idea was strengthened by finding the colon on inflation apparently running diagonally over the tumor. This view had to be revised by finding the colon on palpation, distinctly in the flank. In children we may get inflation not only of the colon, but sometimes of the ilium as well. In adult tumors of the kidney, I have seen two or three cases in which the colon lay internal to the mass felt and accordingly pointed to a tumor of the spleen. At operation it was shown that this position of the colon was due to adhesions of the colon to the tumor, pushing it over to the side. In the case of the small girl of 7 months, the mass which was in the left flank was too irregular and lay too far to the front to be kidney. Whether it could not be a mass of tubercular glands or lymphosarcoma of the small intestine, was a question, although the mass lay entirely in the left flank, a finding against glands. Autopsy showed the tumor a mass of tubercular glands. The mesenteric glands were not involved. In this child there was a history of hematuria. I would emphasize that blood may occur in the urine, in abdominal tumors, without the tumor being connected with the kidney at all; not only blood in microscopic amounts, which is frequent, but also in distinct macroscopic amounts. Again, with regard to the position of the colon, I think that considerable emphasis should be given to the fact that it does not always lie across the kidney tumor. I well remember a case of an old man of 60 who was supposed to have a lymphatic leukemia. The white blood count was 100,000, 80 to 90% lymphocytes. The tumor in the left flank was regarded as spleen. From the position of the tumor, although there was a sharp anterior margin, I made a diagnosis of a kidney sarcoma, associated with a blood picture of lymphatic leukemia. It is well known that certain sarcoma may give a blood picture of lymphatic leukemia. Unfortunately this man had a gangrenous zoster in the distribution of the right 5th nerve. Blood count went down to normal. The tumor shrank and almost disappeared. This, together with the dubious position of the colon, led me to revise my diagnosis, a dangerous thing to do, by the way. He went to autopsy with a diagnosis of lymphatic leukemia with blood picture changed by gangrenous zoster. Autopsy showed a Grawitz of the left kidney. The colon had been pushed into such a position as to mislead the diagnosis.

Dr. Stillman: I have seen but one case of sarcoma of the kidney in my practice. This case was not confirmed by operation; it was too far gone.

No doctor had seen the child until a few days before I saw it. I saw the case with Dr. Greene. That child had the tumor on the right side, occupying the whole of the right side of the body and the picture was just such a one as is seen in text-books of far advanced tumors of the kidney. The child was about one year of age and was emaciated to the last degree. The abdomen had enormously distended veins all over it. Operation was not advised on account of the hopelessness, and the child died within a few days. Autopsy was denied. The interesting fact is that the hematuria should have appeared so late.

Dr. Cooper: I desire to emphasize some of the points alluded to by Dr. Moffitt. Firstly: We must recognize that tumors of the kidney may present a varying relationship to the colon, depending upon what part of the kidney the tumor arises from. Thus a tumor from the pelvis may displace the colon outward and a tumor growing from the outer aspect may displace it outward, and perhaps more important, a tumor arising from the adrenal body or upper part of the kidney, may grow forwards and displace the colon downwards. This is alluded to by Morris in his excellent book, and in Leakes' text-book such an example is figured.

Secondly: All malignant tumors may be associated with a marked leukocytosis. This seems to be particularly so when the tumor arises in the kidney. Thus Cabot records instances of malignant tumor of the kidney in which the leukocytes numbered 90,000.

Thirdly: That though it is impossible, in children, to do the functional diagnostic kidney work, that is a "sine qua non" in adults, we can console ourselves with the reflection that these children have not lived sufficiently long to have degenerative lesions in the other kidney, and hence the kidney left can do its own work and also the work of the one to be removed.

Fourthly: That though it is true that microscopic bleeding may occur, together with the presence of an abdominal tumor, which is not of renal origin, yet we must bear in mind that, given hematuria and an abdominal tumor, the two should be usually correlated and the correlation spells a renal tumor; of this I have seen a striking instance during the last month in which a tumor arising from a left floating kidney and partly interpelvic was diagnosed successfully, owing to the presence of such otherwise unaccountable hematuria.

Dr. Somers: From a surgical standpoint, in the treatment of the case presented by Dr. Cheney, the only problem presenting itself was as to the nature of the incision. The tumor was of very large size and though distinctly located on the right side, practically filled the abdominal cavity. It extended from the pubic region nearly to the liver. Quite evidently incision in the lumbar region would present some difficulties in removal of so large a tumor. Without hesitation, a medium incision was made and the incision lengthened to the pubis. There was no difficulty experienced in removal. The surface of the sarcoma was covered with peritoneum and the colon was distinctly pushed to the left side, quite beyond the median line. In shelling out the tumor the peritoneum was separated without any trouble and did not seem to be attached firmly to the underlying structures. However, when we cut down to the base or pedicle of the tumor it did present some difficulties and we could not be certain that the whole was removed owing to the proximity of the pedicle to the larger blood vessels. As regards operating for such a condition as sarcoma of the kidney, the rapid recovery and great relief obtained in this case fully justify the procedure. Though the operation may not cure, it at least prolongs life and relieves pain.

(Dr. Emil Schmoll then read a paper on Paroxysmal Tachycardia.)

Dr. Moffitt, discussing paper read by Dr. Schmoll: Dr. Schmoll writes that in most cases this condition is to be regarded as a symptom and not as a disease. The idiopathic cases are getting fewer and fewer in number as we search more carefully for underlying causes. We see people who from early years have these attacks. I knew one man who began with this trouble at the age of ten, and I saw him at the age of 70. Then, some people have the trouble a whole lifetime without our being able to discover a cause; but in most cases we can very definitely refer the condition to some underlying factor, as is the case in other so-called functional affections, epilepsy and neurasthenia. I have been struck with the number of cases of paroxysmal tachycardia in young men associated with cerebral syphilis. Not infrequently there are other symptoms than tachycardia; occasionally difficulty in speech, or attacks of confusion. In a few of these cases tachycardia has been a predominant feature. I have been struck, also, with the number of these cases in young men associated with masturbation. The condition is not infrequent in thyroid trouble. The thyroid tumor does not seem to be the direct cause, but rather the thyroid intoxication. Of interest to me is the occurrence of tachycardia in a case mentioned by Dr. Schmoll of Dercum's disease, for not long ago I saw a case of Dercum's disease with attacks of tachycardia. I would like to emphasize also that we should not view the prognosis of paroxysmal tachycardia too lightly when associated with definite heart lesion. I saw, some two months ago, a woman who had had spells of tachycardia during the last five years and who had been for ten days running a pulse of 160 when I saw her. She had a definite aortic leak and died a day or two later with symptoms of angina. Another case was of adherent pericardium, and the patient went a long time with symptoms of intermittent tachycardia alone. The prognosis in such cases is decidedly different from that in essential tachycardia. This condition, therefore, is most often a symptom and not a disease and it is important that our prognosis should be based entirely on the underlying condition.

Dr. Cooper: Dr. Schmoll is to be congratulated upon the wealth of clinical material he has presented to us, and upon the good use he has made of it. There is no doubt that we have to broaden our ideas in respect to what cases we shall regard as paroxysmal tachycardia. We can no longer restrict the list to those instances in which, in the absence of static disease of the heart, such undue rapidity suddenly commences and as suddenly disappears. Yet, on the other hand, there is a question as to where the boundary line is to be drawn, e. g., given a man with a myocardial insufficiency, he overdoes it and his heart beats 120-130 a minute, he apparently suffering from no symptoms. Should we include such in our list? If so we all meet with a considerable number of such cases.

The nervous system undoubtedly plays a great part in the production of many attacks, and indeed, as stated, it has long been formulated that they are a sort of cardiac epileptic seizure. It used to be argued that a pulse rate up to 120 beats depended upon irritation of the sympathetic; from 120 to 150 beats upon a paralysis of the vagus, more than that upon a combination of both causes, but such a distinction is arbitrary and can not be entirely supported. Nevertheless, in those instances in which such attacks occur in people who suffer from manifold vaso-motor symptoms such as cold hands and feet, flushings, sweatings, etc., we are all tempted to suspect that these tachycardias are dependent upon vagal inhibition or sympathetic irritation and in such people the prognosis is commonly a good one. There are other cases, however, in which these attacks are associated with a dilatation of the heart chambers, and indeed one prominent writer—I refer

to Martin—suggests that these attacks are dependent upon a preliminary dilation and represent an endeavor on the part of the heart to make up by rapidity of contraction for insufficiency of the individual beat; this in its turn tends to induce more dilatation and thus a vicious circle develops. In such patients the prognosis is somewhat different, and they should be treated with the greatest of care. I cannot criticize the tracings of Dr. Schmoll as it is necessary to have such under one's observation and do many minute measurements before any opinion advanced is of much value. But I would like to emphasize two points, (1) that the interpretation of such things is by no means easy, and one can readily be led astray, e. g., it is only necessary to take venous tracings with the tambour close or far away from the carotid artery to recognize what errors may ensue even depending upon the position of our receiver; (2) that it is particularly difficult to say whether a given wave is due to an auricular contraction occurring coincidentally with the ventricular contraction, or to a reflex wave due to the right ventricular systolic. The size of the wave does not help us; measurements are of little aid. Perhaps we will have to depend upon the fluoroscope; but even there the factors of error arise, inasmuch as a chamber containing fluid in such apposition to another contracting chamber would naturally show some disturbance during that contraction and I must confess, that up to the present I have been totally unable to differentiate.

Dr. Schmoll, closing discussion on his paper: I agree with Dr. Moffitt that it is of the utmost importance to look for the etiological factor in these cases. In very few cases I have not found the etiological factor. In regard to paroxysmal tachycardia in thyroid disease, I have seen a number of such cases in which tachycardia was present and the case could not be classed as real goiter. In regard to the Dercum's disease, that also improves on thyroid extract. I agree that it is difficult to judge whether the auricular contraction takes place or not, from the venous tracings. I think the final decision has to come from the fluoroscope examination, not from the tracings.

PHYSICIANS RELIEF COMMITTEE.

To the Editor of the State Journal:—At a meeting of the Relief Committee of Physicians, held the 19th December, I was instructed to send you a copy of a quotation from an article which appeared in the November edition, 1906, page 621, of the Pacific Medical Journal, and our reply, and to ask if you will kindly favor us by publishing the same in the next edition of your Journal?

San Francisco, December 14th, 1906.
Winslow Anderson, M. D.,
Editor Pacific Medical Journal,
1914 Pacific Avenue.

Dear Doctor:—The attention of the Relief Committee of Physicians has been called to an article in the November edition, page 621 this year, of the Pacific Medical Journal, in which you make the following statement:

"The first item of disbursements to physicians—321—is \$23,512.80, making about \$732.48 for each. We know many physicians that have received only \$50 each from the relief fund. This would make a few that have received much more than \$732 apiece."

As the above statement is extremely erroneous—23,512.80 being divisible by 321—but 73.24 times and not 732.48 times, the Committee respectfully request that correction of same be made and proper notice of such correction be given in next edition of your Journal.

Relative to that portion of your article in which you comment upon the balance of the relief fund

on hand and its distribution, we beg to say that we are, and have been, using every effort to learn what physicians are in need, and such when found are promptly granted assistance.

Should you know of any physicians (duly registered), who are in need we will consider it a favor if you will send their names and addresses at your earliest convenience.

The Committee believes it is serving the highest and best interest of all by refusing to divulge the names of those who have received assistance from the relief fund. Such an act would be of benefit to no one; on the other hand it would be most indiscreet and injudicious on the part of this Committee to humiliate, by publication, those who, through misfortune, have been compelled to accept aid.

As to the question of notes, permit me to state that no physician has been asked to give a note, and that such notes as the Committee has in its possession have been given unsolicited by those receiving aid.

Very truly yours,
FRED W. LUX, Secretary.

May we trouble you further to announce that the Relief Committee of Physicians has a balance on hand and are still in a position to assist all regularly registered physicians who are in need?

Very truly yours,
FRED W. LUX, Secretary.

OUR RELATIVE POSITION.

A facetious writer in the December number of the "Druggists Circular" presents a capital take-off of the manner of conducting the patent medicine business and the write-ups that are an essential part of that form of fraud. He has succeeded in combining Cod Liver Oil, Oxygen, Radium and Phosphorous in one mixture, which has been given the truly descriptive name of Radio-Phospholine, and it may be implicitly relied upon to cure cancer, debility and consumption. The promoter offers to assign shares of stock to persons sending in testimonials to the effect that some friend holding a prominent position in society had been cured of cancer, consumption or nervous debility. The number of shares to be assigned will depend upon the prominence of the individual and his consequent commercial value.

"It is manifestly impossible to fix a definite price for testimonials, but I give the value I attach to those of certain people. The president of the United States, or the king of England, 1000 shares. The governor-general of Canada, or the editor of Collier's Weekly, 500 shares. The editors of the California State Journal of Medicine, the Journal of the American Medical Association, American Medicine, the Canada Lancet, the Ladies' Home Journal, the New Idea, or the Maritime Medical Journal (Canadian), the presidents of Harvard, Yale or Johns Hopkins universities, the four senior members of the faculty of Vassar, or any bishop in good standing, 400 shares. Admirals, major-generals (regular), judges of the supreme court, ambassadors of first-rate powers, and governors, 300 shares.

"Then by easy gradations we get down to aldermen, justices of the peace, ministers of religion, trained nurses, head waiters, Pullman car conductors, returned missionaries, members of congress, and ladies who are prominent in vaudeville for whose testimonials are given from 2 to 10 shares.

"Special terms on authentic testimonials from Dr. Dowie or Mrs. Eddy."

RESIGNED FROM COLLEGE OF PHYSICIANS AND SURGEONS.

Dr. Ernest Pring wishes us to state that he has severed his connection with the College of Physicians and Surgeons, of San Francisco.

PURIFICATION OF SEWAGE.

A valuable contribution to the literature on the disposal and purification of sewage has just been issued by the United States Geological Survey as Water-Supply and Irrigation Paper No. 185, investigations on the purification of Boston sewage, with a history of the sewage-disposal problem; by C. E. A. Winslow and E. B. Phelps. The volume of sewage discharged by modern communities is so large and the character of all kinds of sewage is always so objectionable that the so-called sewage-disposal problem becomes, from the economic as well as the sanitary point of view, one of the most serious with which American cities have to deal. It is of vital importance to every community to secure such a disposal of obnoxious sewage as will avoid the creation of any insanitary focus or foci in the environment, or any infringement of the laws of hygiene and sanitation.

The investigations described in this publication were made at the Sanitary Research Laboratory and Sewage Experiment Station of the Massachusetts Institute of Technology, under the direction of Prof. William T. Sedgwick. The station at which the work was carried on is situated on the line of the main trunk sewer of the South Metropolitan district of Boston at a point where it contains the sewage of about half a million people. At this station pumps were installed and tanks were constructed for tests of the various methods of sewage purification. The results of this work and the practical conclusions that have been drawn are given in Water Supply Paper No. 185, which may be obtained on application to the Director of the United States Geological Survey, Washington, D. C. These results are by no means applicable merely to large cities, but contain lessons of practical value to all communities having to deal with the ever present sewage disposal problem. The description of the experiments is preceded by a careful and elaborate historical review of the whole sewage-disposal problem from its origin in the wide adoption of the water-carriage system up to the present time, when that system has become practically universal. This interesting review can not fail to be of the highest value to expert engineers, sewage commissioners, and cities all over the United States, especially to those numerous small communities that are confronted, perhaps for the first time, with a problem that means so much for the health as well as the finances of the citizens.

COLONIES FOR EPILEPTICS.

To the editor of the State Journal: As you are aware, great advances have been made in recent years in the care and treatment of epileptics. It has been found that their welfare and that of the community is best promoted by providing special institutions for them on the colony or village plan. There are a number of such colonies in Europe and at least fifteen of our own states have made or are making colony provision for indigent and semi-dependent epileptics. By means of colony life the condition of these persons may be improved and their capacity for self-support increased.

There being in California no special provision for epileptics, representative citizens of Los Angeles met on October 29, 1906, to consider the needs of this unfortunate class. At this meeting a committee was appointed to investigate and report upon the condition of epileptics throughout the state as a step toward bettering this condition. This committee is now engaged in gathering data concerning the number of epileptics in this State, both in and out of institutions. All medical practitioners are urged to send to this committee the names or initials of any epileptics whom they may know, together with whatever information may seem to be of value concerning them.

As chairman of this committee, I am writing to you to enlist your cooperation in furthering the matter. If you will be so kind as to give space to this communication I shall be greatly indebted to you.

Yours very truly, ROSS MOORE, M. D.

COUNTY SOCIETIES.

SONOMA COUNTY.

The Sonoma County Medical Society held its first meeting of the year in Dr. S. S. Bogle's office, Santa Rosa, on January 10th. Notwithstanding the inclement weather, a generous number were present. The officers-elect for the ensuing year were installed: President, Dr. J. R. Swisher, of Healdsburg; Vice-President, Dr. J. H. McLeod; Secretary, Dr. R. M. Bonar; Treasurer, Dr. Lizzie Lain, all of Santa Rosa.

The society is in a prosperous condition, and the past year has been replete with interest. A unanimous vote of thanks was accorded Dr. Annabel McG. Stuart, the retiring President, who, notwithstanding the arduous demands of a large practice, did not miss a meeting during her term of service, nor waver in her zeal in the interests of a united profession in Sonoma county.

To Dr. G. W. Mallory, who has been our Secretary since the society was organized, over three years ago, belongs the credit, more than to any other member, for our flourishing condition. He has worked earnestly and faithfully for our welfare and could always be depended upon to be there.

The feature of the evening was a paper by Dr. E. M. Yates, on "Endometritis." After the discussion, in which every member took an active part, the society adjourned.

R. M. BONAR,
Secretary.

ORANGE COUNTY.

The Orange County Medical Society held its regular monthly meeting Tuesday evening, January 8th. State Senator Anderson requested advice in regard to the bill to regulate the practice of "Naturopathy." A Committee on Legislation was appointed and instructed to keep our representatives advised in regard to such legislation. The committee has written them that this bill, if passed, would defeat the objects of all past medical legislation, inasmuch as it would admit all pretenders to practice. Dr. Dobson read a very interesting paper on a greatly neglected subject, "Ocular Manifestations in Cerebral Lesions," showing how this symptom could not be utilized without a thorough knowledge of the anatomy of the brain and the origin of the ocular nerves.

H. S. GORDON,
Secretary.

SHASTA COUNTY.

Shasta County Medical Society met in regular session January 19th at the office of Dr. R. F. Wallace. President C. E. Reed in the chair. There were present Drs. Reed, Wallace, Bauter, White, Lawry, Edgcomb and Weber. Communication was received from Dr. George Worthington asking to be transferred to San Francisco County Medical Society, and Dr. George Watt to Yolo Society. Granted. The communication from Dr. Robert T. Legge inviting the society to have its July meeting at McCloud was accepted.

The Secretary and Treasurer's report for the past year was accepted. Resolution reaffirming vaccination was adopted as follows:

Resolved, That Shasta County Medical Society hereby reaffirms and emphasizes its belief in proper vaccination as a protection against smallpox and that

it is of the decided opinion that inoculation with pure vaccine and with absolute cleanliness and good sanitary surroundings is a harmless and innocent measure.

The following names were selected, from which the special Senatorial Committee of this district could be chosen, viz.: Chas. W. Nutting, Robt. T. Legge, C. E. Reed, R. F. Wallace, Fred Stabel, D. B. Fields, Chas. M. Tinsman and C. J. Teass.

Robt. T. Legge and L. A. Bauter were elected delegates and Drs. Cornish and Edgecomb alternates to the April meeting of the State Society. Officers for the ensuing year were then installed as follows: R. F. Wallace, President; R. E. Stevenson, Vice-President; Phil H. Weber, Secretary and Treasurer.

Dr. C. E. Reed read a very interesting paper on "Erysipelas Migrans," which was followed by a general discussion by all doctors present. The society then adjourned to April 20, 1907.

PHIL H. WEBER,
Secretary.

SOMNOS.

The manufacturers of Somnos have been claiming that their preparation is a definite "chemical product formed by the synthesis of chlorethanal with a polyatomic alcohol radical. Very few, if any, physicians who read this description realized that chlorethanal is another name for chloral and that a polyatomic alcohol radical, in this instance, meant glycerin. In The Journal of the American Medical Association for September 1, 1906, attention is called to the actual facts in regard to this preparation in a comment on the circular letter published by the H. K. Mulford Company. In the literature regarding the physiologic action of Somnos the H. K. Mulford Company claimed that it has no "depressive action on the heart or circulation and has no destructive influence on the red corpuscles of the blood, nor does it cause gastric disturbances by continued use." The literature also repeatedly said that it contained no chloral and that it was free from the bad effects of chloral.

The Council of Pharmacy and Chemistry, in The Journal A. M. A. for September 15, publishes a report of investigations that were made on mice, guinea-pigs and dogs for the purpose of proving or disproving the claims made for Somnos by its manufacturers. The result of the investigation showed that the physiologic action of Somnos is practically indistinguishable from that of a 5 per cent solution of chloral hydrate.

According to the reports, Somnos is no less toxic than chloral hydrate, and the depressing effects on the temperature, respiration and circulation are the same in each instance. The Council suggests that physicians who are in the habit of using Somnos should compare the results they obtain from it with a 5 per cent elixir of hydrate of chloral. In this way they can verify for themselves whether or not the Council's conclusions are correct, that a 5 per cent elixir of chloral glycerate (Somnos) has the same physiological and therapeutic action as a 5 per cent elixir of chloral hydrate.

THE BACTERIA IN SCARLATINAL AND NORMAL THROATS.

From a study of 154 throat cultures, 51 from normal throats, 75 from cases of scarlatina, 14 of measles, 5 of tonsillitis, 5 of pneumonia and 4 of pharyngitis, and fully describing his method and the results of the examination, G. F. Ruediger, Chicago (Journal A. M. A., October 13), sums up his findings in substance as follows: Streptococcus pyogenes is constantly and abundantly found on the tonsils in cases of tonsillitis and scarlatina before the subsidence of the inflammation in the throat.

The organisms rapidly decrease in numbers after subsidence of the throat inflammation. Streptococcus pyogenes can not be considered a normal resident of all healthy throats, though it was found in small numbers in 60 per cent. of the cases examined. Pneumococci of low virulence were found in 64 out of 71 throats. A large group of organisms lying between the typical Streptococcus pyogenes and pneumococcus were found in all normal throats and in nearly all diseased throats. They have very little virulence for rabbits, and as they are found in nearly all cases they may be considered as normal inhabitants of the throat. Streptococcus pyogenes from normal throats appears to have a slightly greater virulence than these organisms from scarlatinal throats.

PUBLICATIONS.

A Text-Book of Clinical Microscopy and Clinical Chemistry for Medical Students, Laboratory Workers and Practitioners of Medicine. By Charles Phillips Emerson, A. B., M. D., Resident Physician, The Johns Hopkins Hospital; Associate in Medicine, The Johns Hopkins University, Philadelphia and London, J. B. Lippincott Company, 1906.

The field of clinical pathology or clinical microscopy has been very fully covered by several excellent text-books in the last few years, and it would seem that further additions to the list were unnecessary. In presenting another book on this subject Dr. Emerson has recognized this fact, and as he states in his preface, has endeavored to cover the field from a new point of view; to present the subject from the clinical rather than the laboratory side. In this, we think, he has succeeded admirably. The work is based on the author's five years' experience as head of the clinical laboratory at the Johns Hopkins Hospital and he has had at his disposal and made good use of all of the valuable clinical records of this institution. In general the laboratory side of the work is presented much as in other works except that the old and poorer, and the new and untried tests are in general omitted, and only the reliable ones retained. In addition, in every chapter is a valuable and generally full discussion of the clinical side of the subject; a discussion that can not fail to be of advantage to students and to which the general practitioner can refer with the assurance of help.

The work opens with the subject of the sputum and the author makes a timely plea for more extended and careful examinations of the fresh sputum, both macroscopically and microscopically than are usually made. The chapter contains a good discussion of colored sputa and of the sputum in the various pulmonary affections. Following this some two hundred pages are devoted to the subject of the urine. This chapter is very satisfactory. It covers the chemical side in much the same manner as other books but contains here and there many useful hints. The newer urine tests such as cryoscopy, chloride excretion, the dilution test, methylene blue and phlorizin tests, etc., are grouped under the head of functional renal diagnosis and are fully discussed especially in their relation to surgical questions. Albuminuria and the urine in the various renal affections are fully considered from the clinical standpoint and must certainly be of great help to the student. We are sorry no mention is made of Denigé's test for acetone, for we consider it just as simple and more delicate and satisfactory than the usual Gunning's or Lieben's tests.

The third chapter considers the stomach contents and in its general presentation of the subject and its discussion of the clinical laboratory side of the different gastric affections it is one of the best in

the book. We fail to find any mention of Sablis' desmoid test. Occult blood is preferably to be considered under the subject of falces and not stomach contents, and should have been given a fuller discussion and the tests more adequately described.

The blood is very fully and satisfactorily presented in the fifth chapter. The details of the technic of obtaining specimens and counting the corpuscles are very carefully described and the usual faults of the beginner prominently mentioned. The anemias and the parasitic blood affections are given due prominence. We are glad to see that Brodie-Russell's instrument for the determination of the coagulation time is recommended; very few text-books mention it. In studying the colored plates that accompany this chapter it would be of assistance if a descriptive text were included with each.

The final chapter discusses the various body fluids not already considered and includes the subject of cytodagnosis which is adequately presented. Dr. Emerson finds it of rather limited value. The text is well illustrated with original drawings executed by the well-known Johns Hopkins artists, whose reputation is sufficient guarantee of the accuracy of their work. In general we have nothing but praise for the book and we agree with the opinion expressed by Dr. Osler in his introduction, that it will be found a comprehensive and trustworthy guide in all the details of laboratory work. H. W. A.

Practice of Pediatrics—In Original Contributions by American and English Authors. Edited by Walter Lester Carr, of New York.

This book is issued as an addition to Lea Brothers' Practitioner's Library, and is contributed to by a number of pediatricians; American and English, whose names are coming more and more to be recognized as carrying authority. The ideal book of pediatric practice would be one in which the physiological differences between adult and child were fully emphasized, and the pathology and symptomology due to such differences fully brought out; it would also be one in which the visual facts of general medicine to be found in ordinary text books would receive little more than mention and in which plates such as occur in pathologies or books on practice would not cumber the volume. Preferably, too, it would be from the individual point of view by one man and carry the garnered wisdom of much clinical experience, and it would avoid the overlapping that inevitably comes in the attempt by a number of men to write a system of pediatrics.

The book before us violates many of the premises laid down as ideal; and further, the reading of some of its sections leaves an impression that the writing was but an attempt to fulfill an uninteresting task. However, in spite of its drawbacks, which are but those inevitable to a book brought together in such a manner as this has been, there are a number of the sections that every practitioner should read. Southworth, than whom it would have been difficult to find an abler man, has written the section on Infant Feeding. One feels that the editor has hardly allotted sufficient space to this important subject. In a pediatric manual of about a thousand pages, less than one hundred are given to the dietetics of infancy, and while in that small space there is crowded an enormous amount of information luminously treated, one can not but regret that this important and much neglected subject should not have received greater space. It is to be regretted, too, that while Chapin's results are quoted and used as though they were, as they are, the basic facts upon the knowledge of which we depend for success in baby's feeding, Chapin has been given scant credit for his work.

Hart and Van Slyke's epoch-making researches into the chemistry of milk albumens have been fully

recognized and the revised views their discoveries have forced upon us are fully accepted. It is gratifying to see that the simple top-milk method of home modification is advised and that the laboratory modifications are more or less discouraged. Certainly any practitioner following the advice of this section should have no difficulty in feeding normal infants, and he will find the problem of feeding children of abnormal digestion a much less taxing one. Southworth also advises a much more liberal dietary during the second year than many writers do. One feels that those pediatric authorities who so strongly urge the importance of withholding other than milk food during the second year, have wrought incalculable harm to many children.

Occasionally in this book one meets with statements that must be errors of dictation, such as when it is advised in an otherwise admirable article on Marasmus that the child suffering from this condition should have a daily cool douche when undoubtedly the one essential thing is to protect a child whose temperature is already subnormal from further loss of heat.

To judge the value of any book on children's diseases, one naturally turns to the sections on the treatment of acute infections and especially to that on the treatment of diphtheria. So many authorities have put the dosage of antitoxin so low that there is in the minds of the profession at large a feeling that small doses of antitoxin given at intervals are as efficient as large initial doses. This is a vicious statement and it is with a great deal of satisfaction that one reads Nicoll's endorsement of McCollom's advocacy of massive initial doses. The dosage advised by the author is, for mild cases 2,000 to 4,000 units; in severe cases twice that dose; and cases involving the larynx, 10,000 units. As a matter of fact, it is rarely wise to give less than twelve thousand units in a laryngeal case, and this dose should be repeated within 24 hours.

Hardly sufficient stress is laid on the great difficulty of differentiating cases in which the streptococcic invasion of the throat complicates diphtheria from cases of true scarlatina. Certainly, in San Francisco such cases are not at all infrequent and are often puzzling.

There is in the volume under review, one classical section—that on diseases of the heart, by Poynton. If there is any one subject about which we have needed a master's dictum, it is this. In etiology and in clinical development, the cardiac diseases of childhood differ so widely from heart disease in adult life that even with considerable experience the practitioner may be led into errors of prognosis and management that will cause him much bitter regret. The subject of post-diphtheretic cardiac failure receives more thorough discussion than is usually the case. Proper stress is laid upon the great importance of skilled and experienced nursing. The symptomology is discussed very fully. It might, perhaps, have added to the value of the section had the advice to watch the heart in every case of diphtheria been made more imperative and had it been made clear that the character of the first sound almost from the beginning is an index of the waning strength of the myocardium and a warning of the imminent onset of its failure.

There is an extremely useful restraining harness figured, to be used to maintain quiet in the restless child. It is a matter of opinion whether the use of such a means of restraint is wiser than the method of giving sufficient opium to keep the child drowsy. Lee's prescription of atropin and strychnin is advised for these cases of failure; the reviewer has never felt strychnin to be of much use in such an event and he has certainly seen it do great harm by exalting the sensorium and increasing restlessness; but atropin is invaluable when the pulse is slowed.

A point well taken is that the diagnosis of functional disease of the heart in childhood is to be con-

sidered with grave suspicion, and only to be made after the elimination of all the many possible etiological factors, toxic in origin.

Altogether, while the practitioner who purchases this volume need have no doubt as to the accuracy of its information, there is no particular reason, except for Poynton's brilliant article, why it should replace in our libraries the standard works of Rotch, Holt or Ashby and Wright; while for the medical student a smaller book such as this excellent manual by Cotton is more useful. With fascinating style, Cotton has managed to present the main principles of pediatrics in a small space. Especially to be admired is his handling of the section on infant feeding. To any student who spends an attentive hour over this chapter, the subject will cease to be in the least complicated or mysterious, and on graduating, such a student will be able to give much terse and definite instruction to any mother and he will have gained for himself a sane view of the importance of the subject to the practitioner.

In spite of some omissions, such, for instance, as the failure to mention sarcoma of the kidney in childhood, etc., this manual of Cotton may be heartily recommended to the student of medicine. The discussion of the physiological differences between child and adult is so full and lucid that the reader immediately grasps the reasons that pediatric practice is so distinct and special a department of medicine.

L. P.

The Eye and Nervous System; Their Diagnostic Relations. By Various Authors. Edited by Wm. Campbell Posey and William G. Spiller. J. B. Lippincott Company, Philadelphia and London. Cloth, \$6.00.

Neurology and ophthalmology are so intimately connected that the first step, which a neurologist has to take, to arrive at a diagnosis, is a most minute examination of the visual apparatus. On the other hand the ophthalmologist is very often first consulted for a disease affecting the nervous system which manifests itself in ocular symptoms.

Notwithstanding this we have not before had a book covering these two branches of medical science. The present text-book attempts to cover the ground completely and we may say with the greatest success. The different chapters have been written by men who have taken a prominent part in the clearing up of the questions treated. A very excellent book has resulted from the collaboration of these men; the fact that information which formerly had to be collected from several text-books is presented in a very complete and concise manner, will render the book most valuable to the general practitioner as well as to the specialist.

In the introduction we find a chapter on the anatomy of the eye and the connections of the optic nerve with the lower and higher visual centers. The psychology of the visual act has been most excellently exposed in the following chapter by C. K. Mills. Methods for the examination of the eye, the disturbance of the extraocular and intraocular muscles, affections of the fifth, seventh and cervical sympathetic, and the diseases of the retina are treated in the following chapters.

The eye symptoms of nervous affections are discussed by Spiller in connection with an excellent review on tumors of the brain; ocular changes in bulbar and pseudobulbar affections are described by Taylor. Spinal affections and the eye symptoms caused by them are fully reviewed by Weisenburg. Several chapters are devoted to functional disturbances of the eye in neuroses.

A very important part of the book is reserved for the description of neurotic conditions caused by errors of refraction and unbalance of the extraocular muscles and their treatment. The last chapters are devoted to the surgical treatment of intracranial

pressure; tremors, reflexes, gait and degeneracy are discussed in the last chapters.

The book gives exhaustive information on all points which may come up in general as well as in special practice. In a following edition which we are sure will soon be necessary, the value of the book may be increased by treating the relations of systematic disease to eye changes. (Nephritis, diabetes, pernicious anemia, syphilis, etc.)

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Rush, Benj. F.; R., 5th Dist.; home, Suisun.

Sanford, J. B.; D., 4th Dist.; home, Ukiah.

Savage, W. H.; R., 34th Dist.; home, San Pedro.

Walker, George S.; R., 27th Dist.; home, Los Gatos.

Weed, A.; R., 2d Dist.; home, Weed Station.

Welch, Richard J.; R., 19th Dist.; home, 1033½ Shotwell St., San Francisco.

Willis, Henry M.; R., 30th Dist.; home, Redlands.
Wolfe, Edward I.; R., 21st Dist.; home, 132 Fulton St., San Francisco.

Wright, Leroy A.; R., 40th Dist.; home, San Diego.

Assemblymen.

Barry, Dennis W.; R. & U. L., 37th Dist.; home, 406 Broderick St., San Francisco.

Baxter, E. N.; D., 26th Dist.; home, Wawona.

Beardslee, R. L.; R., 23d Dist.; home, Stockton.

Beban, Dominick J.; R. & U. L., 43d Dist.; home, 1315 Pacific St., San Francisco.

Beckett, Samuel H.; R. & U. L., 38th Dist.; home, 1834 Golden Gate Ave., San Francisco.

Bell, Robson O.; R., 74th Dist.; home, 502½ N. Alameda St., Los Angeles.

Berry, T. J. T.; R., 1st Dist.; home, Crescent City.

Birdsall, E. S.; R., 10th Dist.; home, Auburn.

Bishop, Clyde; R., 77th Dist.; home, Santa Ana.

Boyle, Patrick J.; R. & U. L., 32d Dist.; home, 915A Illinois St., San Francisco.

Bush, Frank W.; R., 15th Dist.; home, Napa.

Butler, Edward I.; R., 21st Dist.; home, San Rafael.

Campbell, P. C.; R., 22d Dist.; home, Richmond.

Case, G. S.; R., 67th Dist.; home, Pasadena.

Chandler, W. F.; R., 60th Dist.; home, Selma.

Cogswell, Prescott F.; R., 68th Dist.; home, El Monte.

Coghlan, Nathan C.; R. & D., 41st Dist.; 1763 Greenwich St., San Francisco.

Collister, Stanley W.; R., 13th Dist.; home, Occidental.

Cornish, N. A.; R., 4th Dist.; home, Alturas.

Costar, W. J.; R., 7th Dist.; home, Chico.

Cullen, John A.; R., D. & U. L., 29th Dist.; home, 940 Folsom St., San Francisco.

Cutten, Charles P.; R., 2d Dist.; home, Eureka.

Davis, J. O.; D., 58th Dist.; home, Hollister.

Devlin, Frank R.; R., 20th Dist.; home, Vallejo.

Drew, A. M.; R., 61st Dist.; home, Fresno.

Eshleman, John M.; R. & U. L., 52d Dist.; home, Berkeley.

Estudillo, Miguel; R., 78th Dist.; home, Riverside.

Finney, J. W.; R., 5th Dist.; home, Downieville.

Fisher, Charles M.; R., 39th Dist.; home, 331 First Avenue, San Francisco.

Forbes, P. W.; D., 27th Dist.; home, Independence.

Fratessa, Paul F.; R. & U. L., 33d Dist.; home, 899 Berlin St., San Francisco.

Hammon, P. V.; R., 75th Dist.; home, 476 Custer Ave., Los Angeles.

Hans, George J.; R., 51st Dist.; home, Fruitvale.

Hartman, F. Hugo; R. & U. L., 35th Dist.; home, 2665 Mission St., San Francisco.

Held, W. D. L.; R., 6th Dist.; home, Ukiah.

Hewitt, A. H.; R., 8th Dist.; home, Yuba City.

Higgins, J. T.; R., 55th Dist.; home, Morgan Hill.

John, Warren M.; R., 63d Dist.; home, San Luis Obispo.

Johnson, Grove L.; 17th Dist.; home, 720 H. St., Sacramento.

Johnson, Percy A.; R., 80th Dist.; home, Fall Brook.

Jury, Richard H.; R., 53d Dist.; home, San Mateo.

Kelly, Peter J.; R., D. & U. L., 28th Dist.; home, 6 Fremont Place, San Francisco.

Kohlman, Samuel T.; R. & U. L., 42d Dist.; home, 777 Ellis St., San Francisco.

Leeds, W. R.; R., 70th Dist.; home, 2642 Van Buren Place, Los Angeles.

Lemon, W. F.; R., 76th Dist.; home, San Bernardino.

Lucas, H. C.; R., 54th Dist.; home, Santa Cruz.

Ludington, W. F.; R., 79th Dist.; home, San Diego.

Lynch, Edw. J.; R., 19th Dist.; home, Walsh Station.

McClellan, John W.; R., 3d Dist.; home, Bridgeville.

McConnell, J. I.; D., 16th Dist.; home, Woodland.

McGuire, William L.; R., 62d Dist.; home, Hanford.

McKeon, John; D. & Ind. L., 34th Dist.; home, 4225 19th St., San Francisco.

McMullin, H. W.; R., 66th Dist.; home, Bakersfield.

O'Brien, Frank J.; R., 18th Dist.; home, 1529 8th St., Sacramento.

Otis, Frank; R., 47th Dist.; home, 1609 S. C. Ave., Alameda.

Percival, Arthur E.; R., 24th Dist.; home, Lodi.

Pierce, F. E.; R., 72d Dist.; home, 1351 Rich St., Los Angeles.

Pyle, E. M.; R., 64th Dist.; home, Santa Barbara.

Root, George W.; R., 9th Dist.; home, Grass Valley.

Sackett, George L.; R., 65th Dist.; home, Ventura.

Smith, Guy W.; R., 56th Dist.; home, Saratoga.

Smyth, F. H.; D., 12th Dist.; home, Middletown.

Snyder, George F.; R., 11th Dist.; home, San Andreas.

Spaulding, C. C.; R., 57th Dist.; home, Sunnyvale.

Stanton, P. A.; R. & D., 71st Dist.; home, 420 N. 31st St., Los Angeles.

Stetson, John W.; R., 50th Dist.; 353 Lenox Ave., Oakland.

Strohl, Louis; R. & U. L., 45th Dist.; home, 2191 Powell St., San Francisco.

Strobridge, E. K.; R., 46th Dist.; home, Haywards.

Thompson, Henry; R. & U. L., 40th Dist.; home, 2541 Sutter St., San Francisco.

Thompson, N. W.; R., 69th Dist.; home, Alhambra.

Toomey, Daniel J.; R. & U. L., 31st Dist.; home, 1101 Kentucky St., San Francisco.

Transue, J. P.; R., 73d Dist.; home, 1233 Trenton St., Los Angeles.

Vogel, Mel; R., O. & U. L., 44th Dist.; home, 1007 Clay St., San Francisco.

Walsh, Philip M.; R., 48th Dist.; home, 1067 10th St., Oakland.

Weske, H. W. A.; R., 14th Dist.; home, Santa Rosa.

Wessling, John; Ind. League, 36th Dist.; San Francisco.

Whitmore, R. K.; R., 25th Dist.; home, Modesto.

Wilson, James A.; R. & U. L., 30th Dist.; home, 1307 Howard St., San Francisco.

Wyatt, J. J.; R., 59th Dist.; home, Salinas.

REPORT OF THE COUNCIL ON PHARMACY AND CHEMISTRY.

We reprint herewith from The Journal of the American Medical Association, for September 15, the first installment of the report of the Council on Pharmacy and Chemistry. Additional installments will appear from time to time. The importance of these reports is too evident to need comment. For the first time in the history of the organized profession, a scientific commission, whose ability and probity is above suspicion, has reported on preparations regarding which heretofore we have had only the report of those interested, financially and otherwise, in their exploitation.

ACETOZONE.

A mixture of equal parts of benzoylacteyl peroxide and an inert absorbent powder.

Actions and Uses.—Benzoylacteyl peroxide belongs to a class of compounds known as the organic peroxides in which an excess of oxygen has been combined in such a way that it is somewhat slowly given off in a nascent condition. On contact with water it hydrolyzes, forming benzo-peracid and aceto-peracid which exert marked oxidizing and germicidal action. In consequence of this change, these compounds are thought to be particularly adapted for internal administration. The germicidal and antiseptic properties of this substance have been attested by the experimental results of several observers. It has been used in ophthalmic, aural and nasal practice with asserted good effects as an antiseptic. It has also been applied internally, especially in typhoid fever, with a view to the disinfection of the intestinal canal, and appears to be an intestinal antiseptic. **Dosage.**—Acetozone is generally employed in aqueous solution prepared as follows: Add acetozone to warm water in the proportion of 1 Gm. to 1000 Cc. (15 grains to the quart), shake vigorously for five minutes, and allow to stand for about two hours. Decant the liquor as required. This solution may be drunk ad libitum, two quarts or more being taken by an adult in twenty-four hours. Acetozone is also used in oily solution as an inhalant. Manufactured by Parke, Davis & Co., Detroit, Mich.

ACETOZONE INHALANT.

A solution of benzoylacteyl peroxide in liquid petrolatum. Formula: One hundred grammes contain: Benzoylacteyl peroxide, 1.0 Gm.; chlorotone (chlorbutanol), 0.5 Gm.; Refined liquid petrolatum, 98.5 Gm.

Dosage.—It is to be inhaled in the form of a very fine spray, or nebula, best produced by an atomizer especially designed for oily liquids. Prepared by Parke, Davis & Co., Detroit, Mich.

ACET-THEOCINSODIUM.

Acet-theocinsodium, $C_7H_7N_4O_2Na + CH_3COONa$, a double salt of sodium acetate and 1.3 dimethylxanthine-sodium (theophyllinsodium).

Actions and Uses.—It has the diuretic properties of theocin, reinforced by the diuretic action of sodium acetate, and, being more soluble, it has been claimed to be more readily absorbed and better tolerated than theophylline. It is recommended in cardiac affections, nephritis, dropsy, etc. **Dosage.**—0.2 to 0.35 Gm. (3 to 5 grains), best given after meals. Manufactured by Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color and Chemical Co., New York).

ADNEPHRIN EMOLLIENT.

Recommended as a local application where prolonged use is required. Prepared by F. Stearns & Co., Detroit, Mich.

ADNEPHRIN OIL SPRAY.

The preparation is applied as a spray to the mucous membranes in congestive and inflammatory affections, preferably after washing with Dobell's solution. Prepared by F. Stearns & Co., Detroit, Mich.

ADNEPHRIN SOLUTION.

A sterile solution 1-1000 of the suprarenal active principle in physiologic salt solution containing one-half of one per cent of methaform (chlorbutanol).

Actions and Uses.—The actions and uses of this preparation are described under Suprarenal Alkaloid. **Dosage.**—The dose internally is from 0.2 to 2.0 Cc. (3 to 30 minims) in water. Adnephrin is also used in oily solution as a spray, see Adnephrin Oil Spray, and in the form of ointment, see Adnephrin Emollient. Prepared by F. Stearns & Co., Detroit, Mich.

ADRENALIN.

The active alkaloid of suprarenal gland, prepared by the method of Takamine, see Suprarenal Alkaloid.

Dosage.—Locally, 1-1000 to 1-15000 solution, as the chloride. Internally, 0.3 to 2 Cc. (5 to 30 mm.) of 1-1000 solution. Hypodermically, 1 to 15 drops of 1-1000 solution, diluted with sterile water. Manufactured by Parke, Davis & Co., Detroit, Mich.

ADRENALIN CHLORIDE SOLUTION.

Dosage.—See adrenalin. Prepared by Parke, Davis & Co., Detroit, Mich.

ADRENALIN SUPPOSITORIES.

1 part of adrenalin to 1000 parts of oil of theobroma (cocoa butter). Each suppository weighs about 1 Gm. (15 grains). Prepared by Parke, Davis & Co., Detroit, Mich.

AGURIN.

Agur'in, $C_7H_7N_4O_2Na + NaC_2H_3O_2$, a double salt of sodium acetate and theobromine-sodium.

Actions and Uses.—It acts like theobromine, over which it has the advantage of great solubility and that it is well tolerated by the stomach. While inferior in diuretic power to theophyllin (which see), it is said to have greater power in sustaining the diuresis produced. **Dosage.**—0.5 to 1 Gm. (7 to 15 grains), preferably in wafers or capsules. If in solution, this should be freshly prepared (with peppermint water) and without sugar or mucilage. Manufactured by Farbenfabriken vorm. Friedr. Bayer & Co., Elberfeld, Germany (Continental Color & Chemical Co., New York).

AIROL.

Airol, $C_9H_2(OH)_3(COOBi(OH)) = C_7H_5O_8Bi$, a combination of bismuth oxyiodide (subiodide) and gallic acid.

Actions and Uses.—As it liberates iodine in the nascent state in the presence of wound secretions it has been recommended as a desirable and efficient substitute for iodoform in the treatment of wounds, burns, skin diseases, gonorrhea, etc. **Dosage.**—It is used externally in the pure state or diluted with talc, or in the form of a 10 per cent, suspension in equal parts of glycerin and water, or as a 10 to 20 per cent ointment with 2 parts of petrolatum and 7 parts of wool fat. Manufactured by F. Hoffman-La Roche & Cie., Basle, Switzerland (The Hoffman-La Roche Chemical Works, New York).

ALPHA-EUCAINE HYDROCHLORIDE.

Alpha-eucaine hydrochloride is the hydrochloride of benzoyl-methyl-oxypiperidine-carbonic methyl ester.

Actions and Uses.—The action of alpha-eucaine is similar to that of cocaine, but it is regarded as three and three-fourths times less toxic than cocaine. In large doses it first stimulates and then paralyzes the central nervous system; it slows the heart and produces a fall of blood pressure. Locally it acts like cocaine as an anesthetic, but dilates the blood vessels instead of contracting them. It does not dilate the pupil. It is more irritating to the mucous membrane than cocaine or than beta-eucaine. It has a moderate bactericidal action. It is used as a substitute for cocaine in general and minor surgery, but beta-eucaine is preferred for applications to the eye. **Dosage.**—2 to 5 or even 9 per cent solutions. Not more than 2 Cc. (30 minims) of a 4 per cent solution should be used at one time. Manufactured by Chemische Fab-

rik auf Actien. vorm. E. Schering, Berlin (Schering & Glatz, New York).

ALPHOZONE.

Alphozone, $(\text{COOH}.\text{CH}_2.\text{CH}_3.\text{CO})_2\text{O}_2=\text{C}_8\text{H}_{10}\text{O}_8$, an organic peroxide resulting from the action of hydrogen dioxide on succinic anhydride.

Actions and Uses.—Alphozone belongs to the class of organic peroxides, and by its powerful oxidizing power becomes a germicide and antiseptic. **Dosage.**—Alphozone is also marketed in the form of tablets containing, each 0.065 Gm. (one grain), of alphozone, which are used for making solutions, one tablet to 60 Cc. (2 fluid ounces) of water giving a solution (1 to 1000) suitable for general external use; but, as a nasal douche, one tablet in 180 Cc. (6 fluid ounces) of water is often preferred. Manufactured by F. Stearns & Co., Detroit, Mich.

ALUMNOL.

The aluminum salt of β -naphtholdisulphonic acid, $\text{Al}_2(\text{C}_{10}\text{H}_6\text{OH}(\text{SO}_3)_2)_3=\text{Al}_2\text{C}_{30}\text{H}_{18}\text{O}_{21}\text{S}_6$.

Actions and Uses.—It is an astringent and mild antiseptic. It is claimed that it can be used as a mild astringent, an irritant or a caustic, according to the strength of the solution, and it is asserted that it exerts a peculiarly destructive action on gonococci. It has been recommended for a variety of affections in which a caustic, astringent or antiseptic is indicated. It has been particularly recommended for gonorrhea in females, especially when affecting the endometrium. **Dosage.**—As a surgical antiseptic, in 0.5 to 3 per cent solutions; in gynecology, in 2 to 5 per cent solutions; in otology and laryngology, either as powder or in $\frac{1}{4}$ to 1 per cent solution as douches, washes or gargles; as cautery, in 10 to 20 per cent solution. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

AMINOFORM.

A name applied to Hexamethylenamina, U. S. P. Sold by C. Bischoff & Co., New York.

ANESTHESIN.

Anesthesin, $\text{C}_6\text{H}_4(\text{NH}_2)(\text{COOC}_2\text{H}_5)$ 1:4= $\text{C}_9\text{H}_{11}\text{O}_2\text{N}$ the ethyl ester of paramidobenzoic acid, obtained by the reduction of paranitrobenzoic acid.

Actions and Uses.—It was introduced as a substitute for cocaine and is a local anesthetic, similar in its action to orthoform and said to be equally effective, but free from irritant action and toxicity. The anesthetic action, like that of the related compound orthoform, resembles that of cocaine, but is purely local, does not penetrate the mucous membranes, and in consequence of its insolubility the compound can not be used by hypodermic injection. In consequence of its insolubility the anesthetic effect is more prolonged than that of cocaine. It is recommended in various forms of gastralgia, in ulcer and cancer of the stomach for the relief of pain, and is applied locally in rhinologic and laryngeal affections, urethritis, etc.; it is also recommended for anesthetizing wounded surfaces, burns, ulcerations and painful affections of the skin. It is more effective in cases where the skin is broken. **Dosage.**—Internally, 0.3 to 0.5 Gm. (5 to 8 grains), in pastilles. Externally it is applied as a dusting powder, either pure or diluted. It may be applied as an ointment or in the form of suppositories. Manufactured by Farbwerke, vorm. Meister, Lucius & Bruening, Hoechst a. M. (Victor Koechl & Co., New York).

ANTIPYRINE SALICYLATE.

Antipyrine salicylate, $\text{C}_{11}\text{H}_{12}\text{N}_2\text{O}.\text{C}_6\text{H}_4\text{OH}.\text{COOH}=\text{C}_{18}\text{H}_{18}\text{N}_2\text{O}_4$, a weak chemical combination of antipyrine and salicylic acid.

Actions and Uses.—This compound possesses the properties of both antipyrine and salicylic acid and combines the analgesic power of the one with the antirheumatic action of the other. It has been used with good results in sciatica, rheumatic fevers, chronic rheumatism, influenza, pleurisy, dysmenorrhea, etc. **Dosage.**—0.3 to 2.0 Gm. (5 to 30 grains) in cachets or capsules.

ANTITHERMOLINE.

A name applied to a preparation said to be made according to the following formula: Each pound contains 4000 grains of imported washed kaolin, washed and purified, 14 grains boric acid, 14 grains oil of eucalyptus, menthol and thymol combined, and 4.9 fluid ounces of glycerin. It closely resembles the Cataplasma Kaolini, U. S. P. Prepared by G. W. Carnrick Co., New York.

ANTIHYROID PREPARATIONS.

Preparations obtained from the blood or milk of animals, after the removal of the thyroid glands. The use of these preparations is based on the theory that the thyroid gland secretes products which are toxic, but which neutralize, and are neutralized by, other toxic substances produced elsewhere in the body. Removal of the thyroid glands, therefore, leads to the accumulation of these second toxic substances as evidenced by the phenomena of cachexia strumipriva and myxedema. On the other hand, the blood or milk of such animals is capable of preventing the effects of a hypersecretion of thyroid substance, such as is supposed to occur in Basedow's disease (exophthalmic goiter). These views are still largely hypothetical; but the majority of clinical observers report markedly beneficial results in the milder forms of the disease and in obscure nervous disorders which are supposedly connected with thyroid hypersecretion. The effects are less pronounced in the more severe forms. The action is merely palliative and other measures of treatment should not be neglected. Improvement occurs in two or three weeks and is indicated by an amelioration of the nervous symptoms, tremors, palpitation, insomnia and excitability. The administration must be long continued. Oral and hypodermic administration are equally effective, but the former is usually preferred. These preparations are not toxic, even when very large doses are used.

ANTIHYROIDIN, Moebius.

The blood-serum of sheep from which the thyroid gland has been removed at least six weeks before the blood is drawn, preserved by the addition of 0.5 per cent of phenol.

Actions and Uses.—For actions and uses see Antithyroid Preparations. **Dosage.**—It is administered by the mouth in doses beginning with 0.5 to 1 Cc. (8 to 15 min.) three times a day, gradually increasing the dose as necessary. Manufactured by E. Merck, Darmstadt. (Merck & Co., New York).

ARGENAMIN.

An aqueous solution of silver nitrate and ethylenediamine, corresponding to 10 per cent of silver nitrate.

Actions and Uses.—It is antiseptic and astringent like other silver salts, with the asserted advantage of being nonirritant and more penetrating than silver nitrate. It is said to be useful in all cases where the noncaustic action of silver nitrate is indicated. **Dosage.**—It may be used in the anterior urethra in 0.25 to 1 per cent solution; in the posterior urethra in from 1 to 4 per cent solution; in ophthalmology in 5 per cent solution. Manufactured by Chemische Fabrik auf Actien, vorm. E. Schering, Berlin. (Schering & Glatz, New York.)

(To be continued.)